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BEST PRACTICE CATALOG

Project Title: **RESTRAINT AND SECLUSION DATABASE**

Function Category: ☒ **PATIENT-FOCUSED** ☐ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Rights and Organization Ethics** Heading: **N/A**

Key Word(s): **Restraint & Seclusion – Patients Rights**

Contact Person: **Robert Knapp, M.D.** Telephone Number: **(805) 468-2000**

Hospital: **Atascadero State Hospital**

Purpose: **The tracking and reduction of the use of restraint and seclusion.**

Brief Description: **A data base was developed that provides a daily total of the number of hours a patient has spent in any type of restraint or seclusion. The data provides a quick look at the number of hours an individual patient has spent in restraint and/or seclusion during the past week and the past 30 days.**

Selection Basis/Criteria: **This allows for early identification of patients who need enhanced treatment planning and referral to Patient Care Monitoring.**

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☒ **Other : Sample Restraint and Seclusion Reports.**

DATE SUBMITTED: September 17, 1998

BEST PRACTICE CATALOG

Project Title: **PATIENT ACCESS SYSTEM**

Function Category: ☒ **PATIENT-FOCUSED** ☐ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory**: Rights and Organization Ethics** Heading: **N/A**

Key Word(s): **Protocols**

Contact Person: **Bill Ernst, PD** Telephone Number: **(805) 468-2000**

Hospital: **Atascadero State Hospital**

Purpose: **Patient access to designated areas of the hospital is commensurate with their level of functioning and degree of risk; the levels are granted based on history and input of treatment team regarding observations of on and off-unit behavior.**

Brief Description: **The Patient Access System manual defines criteria for each access level. The Interdisciplinary Team will review access levels with patients monthly. Where appropriate, the team will set goals designed to meet the next level of access, as outlined in the Patient Access System manual. New access levels are to be granted as the documented goals are met. Access levels are indicated by color-coded cards worn by the patient that are easily identifiable by staff and patients.**

Selection Basis/Criteria: **As written above.**

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☐ **Other _____**

DATE SUBMITTED: September 17, 1998

I. A. 002

BEST PRACTICE CATALOG

Project Title: **PATIENT COUNCIL/ADMINISTRATION MEETINGS**

Function Category: ☒ **PATIENT-FOCUSED** ☐ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Rights and Organizational Ethics** Heading: **N/A**

Key Word(s): **Patient Council, Self Government**

Contact Person: **Cynthia Clark, R.T.** Telephone Number: **(909) 425-6080**

Hospital: **Patton State Hospital**

Purpose: **This practice gives patients the opportunity to work towards change from within the system in conjunction with hospital management administration, and to have an effective and functional voice in how the hospital operates on a day to day basis.**

Brief Description: **Patton State Hospital's 28 separate Ward Governments are consolidated into two Central Councils, each directed by a set of elected officials and supported by a single governing body, the Patton Senate. An Administrative Liaison facilitates patient government at all levels. The liaison intercedes to resolve issues or provide guidance between meetings if appropriate. Issues that are not resolved are brought to the Senate, are prioritized and then presented to the Administration at a joint monthly meeting. Administration is typically represented by Department Heads and above on the support services side; Unit Supervisors through the Medical Director on the clinical side and the Executive Director. Formal minutes of all meetings are maintained outlining all issues and follow-up.**

Selection Basis/Criteria:

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☐ **Other : _____**

DATE SUBMITTED: **October 16, 1998**

I. A. 003

BEST PRACTICE CATALOG

Project Title: **ATASCADERO SKILLS PROFILE (ASP)**

Function Category: ☒ **PATIENT-FOCUSED** ☐ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Assessment of Patients** Heading: **Initial and Continual**

Key Word(s): **Assessment**

Contact Person: **Jim Vess** Telephone Number: **(805) 468-2091**

Hospital: **Atascadero State Hospital**

Purpose: **The purpose is to prioritize patient treatment needs based upon assessments. Track progress and improvement and provide hospitals with data on outcome of treatment.**

Brief Description: **The ASP is organized into ten treatment domains. Patients are rated on each one and the focus of treatment is identified based on need and dispositional relevance. Treatment is then assigned based on the identified focus.**

Selection Basis/Criteria:

1.) Demonstrates patient outcome.

2.) Organizes treatment planning.

3.) Provides hospital with data on patient and treatment outcome.

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☒ **Other: Assessment Tool**

DATE SUBMITTED: September 17, 1998

I. B. 1 001

BEST PRACTICE CATALOG

Project Title: **REHABILITATION EVALUATION & ASSESSMENT OF LIFE SKILLS**

Function Category: ☒ **PATIENT-FOCUSED** ☐ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Assessment of Patients** Heading: **Initial and Continual**

Key Word(s): **Assessment**

Contact Person: **Jim Neville, Chief of Rehabilitation Services** Telephone Number: **(805) 468-2000**

Hospital: **Atascadero State Hospital**

Purpose: **Treatment Outcome Measurement of the patient's strengths and weaknesses in rehabilitation related areas.**

Brief Description: **The tool rates the patient in the areas of Social Interaction, Performance Abilities, Competence and Control, and Scope of Involvement in Treatment.**

Selection Basis/Criteria: **This tool was formulated by ASH rehab staff, specifically for the psychiatric, forensic patient and was particularly developed to include the SVP population. It reduces the time involved in a previous and lengthier version of the tool and it can be altered as needed for changes in our patient population.**

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☒ **Other: Evaluation Tool**

DATE SUBMITTED: October 5, 1998

BEST PRACTICE CATALOG

Project Title: **MONTHLY NURSING RISK PREVENTION**

Function Category: ☒ **PATIENT-FOCUSED** ☐ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Assessment of Patients** Heading: **Initial and Continual**

Key Word(s): **Assessment**

Contact Person: **Tina Wolf, Nursing Coordinator** Telephone Number: **(805) 468-2000**

Hospital: **Atascadero State Hospital**

Purpose: **Report data to supervisors regarding routine nursing activities to identify trends and opportunities for improvement.**

Brief Description: **HSS's collect monthly data and distribute to the Unit Supervisors for Supervisory action. Data is used in Unit Supervisor performance reports (bi-annual evaluations) by program management.**

Selection Basis/Criteria: **Management Performance Contracts require measurable objectives. This data comprises patient centered activities that Unit Supervisors are responsible for supervising.**

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☐ **Other _____**

DATE SUBMITTED: **September 15, 1998**

I. B. 1. 003

BEST PRACTICE CATALOG

Project Title: **INTERDISCIPLINARY PATIENT FAMILY HEALTH ED. RECORD**

Function Category: ☒ **PATIENT-FOCUSED** ☐ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Assessment of Patients** Heading: **Initial and Continual**

Key Word(s): **Patient and Family Education**

Contact Person: **Maggie Randall, PA** Telephone Number: **(805) 468-2000**

Hospital: **Atascadero State Hospital**

Purpose: **To develop a form to assess the overt barriers to learning and document health education sessions.**

Brief Description: **The record provides a centralized location in the chart where all disciplines can document and review the patient's health education sessions and obtain information regarding barriers to learning. The record also documents the patient's understanding of the learning session. In many cases the brief notation on the record takes the place of lengthier ID note.**

Selection Basis/Criteria: **Same as above.**

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☒ **Other : Interdisciplinary Patient Family Health Ed. Record Form.**

DATE SUBMITTED: September 17, 1998

BEST PRACTICE CATALOG

Project Title: **PATIENT CLASSIFICATION SYSTEM (PCS)**

Function Category: ☒ **PATIENT-FOCUSED** ☐ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Assessment of Patients** Heading: **Initial and Continual**

Key Word(s): **Classification, Assessment**

Contact Person: **Ray Cox, R.N., M.A., C.N.S.** Telephone Number: **(562) 651-2234**
Kanya Sitanggan, R.N., DrPH., ACNS **(562) 651-2234**

Hospital: **Metropolitan State Hospital**

Purpose:

1. To assess and categorize patients according to their nursing care needs.
2. To determine and assign appropriate numbers of nursing personnel needed to meet standards for quality and appropriateness of nursing care delivered. An effective PCS should alleviate several issues such as staffing shortages, inappropriate staff allocation, decreased staff morale, and poor patient care. It will create job satisfaction for nursing personnel since it does not depend on *nurse-to-patient* ratio but rather on *nurse-to-patient acuity* ratio; therefore, nursing errors and oversights become less frequent. It can also be used to monitor both the quality and quantity of patient care services delivered.

Brief Description:

To maintain quality nursing care, staffing will be planned and generated using a Patient Classification System (PCS) as a guideline. Registered nurses (RNs), psychiatric technicians (PTs), licensed vocational nurses (LVNs) and non-licensed nursing staff will be utilized based on patient care needs.

Selection Basis/Criteria:

Each patient will be assessed and rated using the Patient Classification (PC) tool/form as to his/her level of care by the shift lead or licensed designee daily or more frequently as the patient's acuity level changes.

Patient acuity levels are as follows:

Level 1: Minimal care
Level 2: Moderate care
Level 3: Extensive care
Level 4: Intensive care
Level 5: Constant supervision (1:1)

The original copy of the completed PC form will be turned in to the CNS office each morning by 1100 hours. The Patient Classification System Coordinator (PCSC) will review the PC form for accuracy and completeness. Then, number of staff required for that day (24 hours) is calculated. The Central Staffing Office (CSO) will be notified of the number and classification of nursing staff needed for each unit, each shift (PM-Noc-AM). Staffing will be done by CSO employees to facilitate staffing in a timely manner.

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

DATE SUBMITTED: **October 13, 1998**

I. B. 1. 005

BEST PRACTICE CATALOG

Project Title: **PATIENT OUTCOME SCALE**

Function Category: ☒ **PATIENT-FOCUSED** ☐ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Assessment of Patients** Heading: **Initial and Continual**

Key Word(s): **Patient Progress**

Contact Person: **Donna Gilland, P.D**. Telephone Number: **(562) 651-5511**

Hospital: **Metropolitan State Hospital**

Purpose: **To provide a means of measuring a patient's progress in the following area: for LPS patients activities in daily living, medication compliance, understanding of psychiatric condition and ability to cope with abusive behavior. For Penal Code patients (1370) the ability to measure the patient's understanding of charges and penalties, legal defenses and the role of courtroom personnel and the ability to assist their attorney and to understand how they are to act in court.**

Brief Description: **Units are provided with a rating scale. Patients are rated on a scale of 1 through 5 at their 72 hr, 14 day, and 30-day teamings. Results are sent to the Program Office. Results are tabulated and reported in the monthly QA&I report which each unit within the program receives.**

Selection Basis/Criteria:

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☐ **Other : _____**

DATE SUBMITTED: **October 13, 1998**

I. B. 1. 006

BEST PRACTICE CATALOG

Project Title: **PROJECT ON MALINGERING**

Function Category: ☒ **PATIENT-FOCUSED** ☐ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Assessment of Patients** Heading: **Initial and Continual**

Key Word(s): **Malingering**

Contact Person: **Jane Goerss, Ph.D.** Telephone Number: **(909) 425-7901**

Hospital: **Patton State Hospital**

Purpose: **The purpose of the Project on Malingering is to clearly identify individual patients who are feigning or exaggerating psychiatric symptoms or memory impairment to avoid prosecution of criminal charges. Additionally, the purpose is to educate hospital clinical staff, court officials and court appointed psychiatric examiners about the indicators of malingering in an effort to avoid inappropriate hospital admissions and/or assure clear documentation of observations that evidence malingering in the jail or hospital. The ultimate goal of the Project on Malingering is to minimize unnecessary expense to the State of California and to minimize hospital length-of-stay for individuals committed due to incompetence to stand trial by maximizing the resources available to assist them in gaining or regaining trial competence.**

Brief Description: **Specific training is provided for hospital clinical staff, court officials and court appointed psychiatric examiners.**

Selection Basis/Criteria:

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☐ **Other : _____**

DATE SUBMITTED: **October 19, 1998**

I. B. 1. 007

BEST PRACTICE CATALOG

Project Title: **DRUG ALLERGY ASSESSMENT**

Function Category: ☒ **PATIENT-FOCUSED** ☐ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Assessment of Patients** Heading: **Practice Guidelines/Protocols/Parameters**

Key Word(s): **Drug Allergies**

Contact Person: **Glen Itow, Pharm.D.** Telephone Number: **(562) 651-2237**

Hospital: **Metropolitan State Hospital**

Purpose:

The purpose of the drug allergy assessment is to assist the physician in determining whether a noted allergy is genuine or just a simple side effect or intolerance. This could help avoid situations where patients are given medications (or their relatives) to which they are truly allergic, or denied opportunities to receive essential, helpful medications to which they were not experiencing true allergy.

Brief Description:

1. Patients with noted drug allergies will be interviewed within 2 days of admission by the pharmacist to obtain the details and determine the validity of the allergies.
2. A documentation will be made in the chart under the Interdisciplinary Notes that an allergy assessment was completed.
3. The pharmacist will complete the Pharmacy Allergy Assessment form.
4. The pharmacist will notify the physician of the findings via the Allergy Assessment form and, when appropriate, via verbal discussion.

Selection Basis/Criteria:

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☐ **Other : _____**

DATE SUBMITTED: **October 13, 1998**

I. B. 3. 001

BEST PRACTICE CATALOG

Project Title: **DRUG REGIMEN REVIEWS**

Function Category: ☒ **PATIENT-FOCUSED** ☐ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Assessment of Patients** Heading: **Practice Guidelines/Protocols/Parameters**

Key Word(s): **Drug Reviews**

Contact Person: **Glen Itow, Pharm.D.** Telephone Number: **(562) 651-2237**

Hospital: **Metropolitan State Hospital**

Purpose: **The drug regimen reviews, which include Drug Administration Reviews and Clinical Drug Reviews, are performed at least monthly to identify any pharmacological irregularities in the patient's individual drug regimen. They also determine if policy, procedures, state and hospital protocols are being followed and actual medication administration is in agreement with the physician's orders.**

Brief Description:

1. **The Drug Regimen Review pharmacist will review patients' records, which include all drugs recently ordered, information concerning the patient's condition relating to drug therapy, medication administration records, physician's progress notes, nurse's notes and laboratory notes.**

2. **The pharmacist makes a notation in the patient's chart that DRR was carried out, complete with date, DRR stamp, signature and title.**

3. **The pharmacist prepares a written report of any irregularities on Drug Administration Review forms (to be forwarded to the unit supervisor, the coordinator of nursing services, the program director, and the pharmacy director), the Clinical Review forms (to be forwarded to the medical director, the ward physician, and to the pharmacy director), and the Non-compliance to the Drug Protocol forms (to be forwarded to the physician, the medical director and pharmacy director).**

4. **The pharmacist submits a Quarterly Summary Statement to the Pharmacy Director.**

Selection Basis/Criteria:

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☐ **Other : _____**

DATE SUBMITTED: **October 13, 1998**

I. B. 3. 002

BEST PRACTICE CATALOG

Project Title: **DRUG ALLERGY ASSESSMENT**

Function Category: ☒ **PATIENT-FOCUSED** ☐ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Assessment of Patients** Heading: **Practice Guidelines/Protocols/Parameters**

Key Word(s): **Drug Allergies**

Contact Person: **Glen Itow, Pharm.D.** Telephone Number: **(562) 651-2237**

Hospital: **Metropolitan State Hospital**

Purpose:

The purpose of the drug allergy assessment is to assist the physician in determining whether a noted allergy is genuine or just a simple side effect or intolerance. This could help avoid situations where patients are given medications (or their relatives) to which they are truly allergic, or denied opportunities to receive essential, helpful medications to which they were not experiencing true allergy.

Brief Description:

1. Patients with noted drug allergies will be interviewed within 2 days of admission by the pharmacist to obtain the details and determine the validity of the allergies.
2. A documentation will be made in the chart under the Interdisciplinary Notes that an allergy assessment was completed.
3. The pharmacist will complete the Pharmacy Allergy Assessment form.
4. The pharmacist will notify the physician of the findings via the Allergy Assessment form and, when appropriate, via verbal discussion.

Selection Basis/Criteria:

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☐ **Other : _____**

DATE SUBMITTED: **October 13, 1998**

I. B. 3. 001

BEST PRACTICE CATALOG

Project Title: **DRUG REGIMEN REVIEWS**

Function Category: ☒ **PATIENT-FOCUSED** ☐ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Assessment of Patients** Heading: **Practice Guidelines/Protocols/Parameters**

Key Word(s): **Drug Reviews**

Contact Person: **Glen Itow, Pharm.D.** Telephone Number: **(562) 651-2237**

Hospital: **Metropolitan State Hospital**

Purpose: **The drug regimen reviews, which include Drug Administration Reviews and Clinical Drug Reviews, are performed at least monthly to identify any pharmacological irregularities in the patient's individual drug regimen. They also determine if policy, procedures, state and hospital protocols are being followed and actual medication administration is in agreement with the physician's orders.**

Brief Description:

1. **The Drug Regimen Review pharmacist will review patients' records, which include all drugs recently ordered, information concerning the patient's condition relating to drug therapy, medication administration records, physician's progress notes, nurse's notes and laboratory notes.**

2. **The pharmacist makes a notation in the patient's chart that DRR was carried out, complete with date, DRR stamp, signature and title.**

3. **The pharmacist prepares a written report of any irregularities on Drug Administration Review forms (to be forwarded to the unit supervisor, the coordinator of nursing services, the program director, and the pharmacy director), the Clinical Review forms (to be forwarded to the medical director, the ward physician, and to the pharmacy director), and the Non-compliance to the Drug Protocol forms (to be forwarded to the physician, the medical director and pharmacy director).**

4. **The pharmacist submits a Quarterly Summary Statement to the Pharmacy Director.**

Selection Basis/Criteria:

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☐ **Other : _____**

DATE SUBMITTED: **October 13, 1998**

I. B. 3. 002

BEST PRACTICE CATALOG

Project Title: **PROGRAM EVALUATION USING THE SYMPTOM SEVERITY RATING SCALE IN THE VACAVILLE PSYCHIATRIC PROGRAM**

Function Category: ☒ **PATIENT-FOCUSED** ☐ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Assessment of Patients** Heading: **Practice Guidelines/Protocols/Parameters**

Key Word(s): **Treatment Outcome**

Contact Person: **Jerald Justice/Myla Young** Telephone Number: **(707) 449-6594**

Hospital: **Vacaville Psychiatric Program**

Purpose: **Since its inception, the Vacaville Psychiatric Program (VPP) has undergone systematic change to define and continually refine the treatment program in order to meet the mental health needs of the incarcerated PC 2684 patient population. Treatment planning and service delivery has been guided by an empirical and experimental understanding of the patient population. Concurrent with the implementation of redesigned treatment programs, a system for the objective evaluation of patient treatment outcome was designed. The Symptom Severity Rating Scale (SSRS) was developed using empirical descriptive data obtained from research conducted over a 3-year period using random samples from the VPP patient population.**

Brief Description: **The SSRS is comprised of 16 symptom variables (18 for the Day Treatment Program), which are measured periodically over the course of treatment. The specific symptom variables selected for measurement are highly representative of the VPP patient population, and are also target symptoms for therapeutic change. In keeping with a biopsychosocial rehabilitative perspective, ratings are done not by individual clinicians but by consensus of the interdisciplinary team, for all patients admitted to the Program. The instrument yields data which is relevant for single case evaluation (and therefore useful for treatment planning on the unit), as well as aggregate data which provides an overall measure of treatment efficacy for the Programs (Acute and Day Treatment).**

Selection Basis/Criteria: **The SSRS continues to serve the Programs well as an objective measure in program evaluation and program refinement. In addition to serving this intended purpose, the data generated by the SSRS has been useful in the evaluation of subgroups, which may not be representative of the overall VPP. These include: Patients who recidivate; Patients admitted from Pelican Bay State Prison; Patients who require high levels of restraint; Psychopathic patients; Patients who are discharged as "emergency discharges" from Day Treatment; and Patients who demonstrate high levels of lifetime violence. The databases maintained for both Programs are a valuable resource for future investigations aimed toward better defining, understanding, and treating the VPP patient population.**

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☐ **Other : _____**

DATE SUBMITTED: **October 14, 1998**

I. B. 3. 003

BEST PRACTICE CATALOG

Project Title: **CENTRALIZED BEHAVIORAL INTERVENTION AND CONSULTATION**

Function Category: ☒ **PATIENT-FOCUSED** ☐ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Care of Patients** Heading: **Behavior Management**

Key Word(s): **Violent Behavior**

Contact Person: **Mark Becker, Ph.D.** Telephone Number: **(805) 468-2000**

Hospital: **Atascadero State Hospital**

Purpose: **Reduction of violent behavior in chronically violent psychotic patients.**

Brief Description: **This program is focused on reducing violent behavior in these patients. Other goals are the reduction of injuries to staff and patients, maximizing all treatment modalities, and improving the quality of life for patients. These chronically intractable are identified clinician to clinician, assessed and have behavior therapy and programming planned, integrated, and initiated for them. Operant classical conditioning are combined with other modalities (psychotherapy, rehabilitation, etc.) and enhance them. A behavior intervention psychologist provides training, modeling, coaching, monitoring, and feedback to the nursing staff who carry out the behavior modification.**

Selection Basis/Criteria: **Since the inception (January 1993), the original six patients in this program achieved the desired goals and the hospital considers the program to be largely responsible for a significant reduction of violence, use of restraints and staff injuries throughout the hospital.**

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☐ **Other _____**

DATE SUBMITTED: **September 17, 1998**

I. C. 1. 001

BEST PRACTICE CATALOG

Project Title: **SUICIDE REVIEW COMMITTEE**

Function Category: ☒ **PATIENT-FOCUSED** ☐ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Care of Patient** Heading: **Behavior Management**

Key Word(s): **Care of the Patient**

Contact Person: **Bob Haynes** Telephone Number: **(805) 468-2000**

Hospital: **Atascadero State Hospital**

Purpose: **Provide a mechanism to review suicide incidents or serious attempts. Conduct analysis of the situations in an attempt to reduce incidents and minimize risk factors.**

Brief Description: **An interdisciplinary clinical team meets to review incidents and collect data for trending.**

Selection Basis/Criteria: **Trending of data helps to identify opportunities for improvement and predict and reduce the risk of patient suicide.**

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☒ **Other : Sample Data Reports**

DATE SUBMITTED: September 17, 1998

I. C. 1. 002

BEST PRACTICE CATALOG

Project Title: **POINT AND LEVEL SYSTEM**

Function Category: ☒ **PATIENT-FOCUSED** ☐ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Care of Patients** Heading: **Behavior Management**

Key Word(s): **Incentive Program**

Contact Person: **Dr. Bruce Hilsberg** Telephone Number: **(562) 409-7112**

Hospital: **Metropolitan State Hospital**

Purpose: **An essential component of the therapeutic environment at MSH utilizes positive reinforcement, which involves giving the children feedback when they engage in appropriate and desirable behavior. The point system allows children to receive extra positive reinforcement each day for specific target behaviors. The purpose of a level system is to determine which activities are appropriate for each child. Higher levels represent less restrictive settings.**

Brief Description: **This positive reinforcement is in the form of points, which can be exchanged for incentive items. The children receive these points for attendance and participation in select activities. This extra positive reinforcement is called the Point System. The children on Levels 1, 2, and 3 can receive a maximum of 25 points each day. When children are first admitted to the program, the point system is explained to them by their treatment team. By the end of the first week, they should be fully incorporated into the system. At the end of each activity, the children are told how many points they earned. The points are assigned in a positive way, emphasizing what the child accomplished. If a child inquires why more points were not given, then the explanation focuses on how the child could earn more point in the future, rather than on what the child did wrong. For each day, the point sheet begins with the PM shift from the previous day and ends with the last activity before the opening of the incentive store. The weekly point sheets are kept in a binder, which should remain on the unit at all times. Completed point sheets are kept on the unit a minimum of two months. Each evening, the points are totaled and feedback is given to the children. Sometime after dinner, the unit staff opens up the incentive store so that the children can cash in the points they earn. In order for the children to be eligible to use the store that evening, they must exhibit appropriate behavior from the beginning of the PM shift (1445) to the time the store is opened. When the store is opened, the children who are eligible to use it can purchase incentive items and/or rent incentive equipment/time with the points they earned (up to 25). The points not used each day are deposited into the child's savings**

account. The savings account cannot be used at the daily incentive store. Instead, the children can use these points to purchase higher priced items on the weekend. The therapeutic environment at MSH fosters independence, responsibility, and self-control. As the children develop increasing control over their behavior, they are introduced to activities in less restrictive settings. These setting allow the children to practice new skills, socialize with others, and gain new experiences.

Selection Basis/Criteria:

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☐ **Other : _____**

DATE SUBMITTED: October 13, 1998

BEST PRACTICE CATALOG

Project Title: **SCHOOL CRISIS MANAGEMENT TEAM**

Function Category: ☒ **PATIENT-FOCUSED** ☐ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Care of Patients** Heading: **Behavior Management**

Key Word(s): **Crisis Management**

Contact Person: **Joe Becerra, P.A.** Telephone Number: **(562) 409-7135**

Hospital: **Metropolitan State Hospital**

Purpose: **To assist and support Los Angeles County Office of Education (LACOE) teachers and assistant and provide a safe and therapeutic learning environment for its students.**

Brief Description: **The Crisis Management Team members consist of a registered nurse (team teacher) and two psychiatric technicians. Their goal and primary function is to keep students in school with minimal disruptions to their education program. The Team's duties include but are not limited to: Assisting classroom staff with crisis situations, behavior management, student counseling, report writing, data collecting, and assessing medical conditions when needed. They have established an excellent rapport with students by participating in special events, e.g., sports activities, school assemblies, socials, classroom visitations, attending school meetings and by their daily interactions and positive interventions. Crisis Team members participate in all aspects of the students' treatment and education programs and are important members of the Interdisciplinary Team (IDT). They work closely with unit supervisors, shift leads and clinical staff to ensure that the students' behaviors in school are incorporated into the overall unit treatment plan and Individual Education Plan (IEP). The team has been extremely successful in reducing the number of patient and staff injuries, special incidents, and restraint and seclusion use during school hours.**

Selection Basis/Criteria:

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☐ **Other : _____**

DATE SUBMITTED: **October 13, 1998**

I. C. 1. 004

BEST PRACTICE CATALOG

Project Title: **PROGRAM RISK MANAGEMENT TEAM**

Function Category: ☒ **PATIENT-FOCUSED** ☐ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Care of Patients** Heading: **Behavior Management**

Key Word(s): **Risk Management**

Contact Person: **Donna Gilland, P.D.** Telephone Number: **(562) 651-5511**

Hospital: **Metropolitan State Hospital**

Purpose: **To provide in-depth evaluation of patients who have had three or more incidents within the month. To make recommendations regarding treatment to the unit treatment teams.**

Brief Description: **All program discipline coordinators are members. The team leader is the physician coordinator. The team will review the treatment plan of patients involved in incidents. A review will be triggered when the team is notified by the program assistant that the patient had been involved in a third incident. The team will then review the treatment plan with the unit staff and make recommendations as necessary. Recommendations/findings are reported to the program office by the team leader.**

Selection Basis/Criteria:

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☐ **Other : _____**

DATE SUBMITTED: **October 13, 1998**

I. C. 1. 005

BEST PRACTICE CATALOG

Project Title: **BEHAVIOR INTERVENTION MONITORING COMMITTEE**

Function Category: ☒ **PATIENT-FOCUSED** ☐ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Care of Patients** Heading: **Behavior Management**

Key Word(s): **Intervention**

Contact Person: **Howard Eisenstark, M.D.** Telephone Number: **(707) 253-5434**

Hospital: **Napa State Hospital**

Purpose: **To oversee the use of seclusion/restraint and high behavioral – PRN medication use.**

Brief Description: **The Committee meets monthly to review data on seclusion and restraint (S & R) and PRN use. Data is tabulated at the standards compliance office. Graphics showing trends are completed there and by the medical director. High users of S &R and PRNs are tracked to see if they have had behavioral and pharmacological consults. Memos are sent to teams that have not had both. The committee discusses other ways to keep S & R use to a minimum (e.g., benchmark comparisons, looking at reasons for high use.)**

Selection Basis/Criteria: **Effective method to track S & R and respond to high users.**

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☐ **Other _____**

DATE SUBMITTED: **October 20, 1998**

I. C. 1. 006

BEST PRACTICE CATALOG

Project Title: **POLYDIPSIA PROGRAM**

Function Category: ☒ **PATIENT-FOCUSED** ☐ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Care of Patients** Heading: **Behavior Management**

Key Word(s): **Behavior**

Contact Person: **Artheria Morrell, R.N., U.S.** Telephone Number: **(707) 253-5847**

Hospital: **Napa State Hospital**

Purpose: **Manage psychogenic polydipsia behaviors, while promoting independent living skills.**

Brief Description: **Manage fluid intake in a controlled environment while promoting independent living, encouraging social skills development, enhancing personal hygiene through the use of structure, individual and group attention and interactions with core staff.**

Selection Basis/Criteria: **Diagnosis of psychogenic polydipsia. Diagnosis is confirmed through history and observed behaviors of water intoxication and is confirmed by results of laboratory analysis of electrolytes and complications, i.e., seizure activity, confusion, and behavioral problems.**

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☐ **Other _____**

DATE SUBMITTED: **October 19, 1998**

I. C. 1. 007

BEST PRACTICE CATALOG

Project Title: **BEHAVIOR MANAGEMENT COMMITTEE-DEVELOPMENTAL DISABILITIES**

Function Category: ☒ **PATIENT-FOCUSED** ☐ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Care of Patient** Heading: **Behavior Management**

Key Word(s): **Behavior Management Committee**

Contact Person: **Michael D. Stolp, Program 1 Director** Telephone Number: **(707) 253-5042**

Hospital: **Napa State Hospital**

Purpose: **The Behavior Management Committee reviews information related to client behavior plans that include restrictive components (including the use of behavior medications). The BMC Committee reviews the plans progress toward achieving objectives and goals, and approves, disapproves or modifies plans before implementation/continuation. The Committee provides oversight related to the use of restrictive procedures in order to protect the client's right to be treated in the least restrictive manner.**

Brief Description: **The BMC Committee membership includes psychologists, physicians, a pharmacist, nursing staff and other professionals. The Committee reports to the medical director. At BMC meetings, the unit psychologist presents a review of client cases, including current medications, success toward meeting objectives, participation in treatment activities, use of restraints or STAT medications, and interdisciplinary team decisions.**

Selection Basis/Criteria: **This Committee enables the developmental disabilities program to meet licensing requirements. The Committee ensures that restrictive components utilized are the least restrictive, thereby protecting clients' rights to receive the least restrictive treatment.**

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☐ **Other _____**

DATE SUBMITTED: October 19, 1998

I. C. 1. 008

BEST PRACTICE CATALOG

Project Title: **B.E.S.T. UNIT**

Function Category: ☒ **PATIENT-FOCUSED** ☐ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Care of Patients** Heading: **Behavior Management**

Key Word(s): **Targeted behaviors**

Contact Person: **Doug Tenbrook, US** Telephone Number: **(707) 253-5338**

Hospital: **Napa State Hospital**

Purpose: **Small unit within T-14 which houses clients who require intensive staff intervention because of intrusive behavior, high-risk assault and/or general noncompliance with treatment and milieu activities.**

Brief Description: **Decrease or increase identified target behaviors by reinforcing the absence or presence of targeted behaviors. Clients earn secondary reinforcements (points) and primary reinforcements (preferred food items) for self-control and displaying proper behaviors on a daily basis.**

Selection Basis/Criteria: **The B.E.S.T. unit provides a small, highly structured setting for clients who chronically present a serious threat of disruption to the milieu of main unit with their behaviors. Behaviors range from extremely intrusive to dangerously assaultive toward others to very damaging to the environment. Program provides low stimulus milieu, enhanced staff involvement and supervision and individual behavioral modification programs.**

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☐ **Other _____**

DATE SUBMITTED: **October 19,1998**

I. C. 1. 009

CALIFORNIA DEPARTMENT OF Mental Health

LTCS BEST PRACTICE CATALOG SUBMISSION

Project Title: FREE (FUNCTIONAL REHABILITATION EDUCATION EXPERIENCE)
Function Category:

[X] **PATIENT-FOCUSED** [ ] **ORGANIZATION** [ ] **STRUCTURES**

Sub-category(s): (C) Care of Patients **Heading:** (1) Behavior Management

Contact Person: Michelle Reid-Proctor, MD **Telephone Number:** (909) 425-6274

Hospital: Patton State Hospital

The following items are available regarding this Best Practice:

[ ]	[ ]	[ ]	[X]
Photographs	**Video Tape**	**Drawings**	**Manual**

1. **SELECTION OF PROJECT/PROCESS AREA (Describe how and why your team selected this project/process area for improvement.):**

All PSH unit physicians and members of medical staff participated in a survey of their patients, which was completed in 1997. The survey revealed an incidence of brain injury in Patton State Hospital patients to be 57%. Unit staff identified brain injury as a contributing factor to patient outcomes, and length of stay for the 1370 population.

Although the injury is often static at the time of hospitalization in a state facility, these patients have not acquired necessary compensatory techniques to function optimally in the community. The goal of the project is therefore to teach compensatory techniques for attention, memory, behavior, and social functioning, to patients whose function is compromised in part by brain injury.

2. **UNDERSTANDING EXISTING CONDITION WHICH NEEDS IMPROVEMENT (Describe the relationship of your project to your goals for improvement, and describe current process performance.):**

The brain injury population requires and increased length of time for learning new information:
The length of the program was therefore 20 weeks (3 and ½ hrs per week)

Detailed specialized assessment to evaluate how the cognitive deficits are affecting function:

Neuropsychological battery of assessment is completed on all patients who are believed to be appropriate candidates for the program.

Specialized staff with additional treating in the areas of brain injury to address these needs: The FREE project team consists of a Psychiatrist (with special interest in the Brain injury population), Neuropsychologists, and psychology intern on a special tract of neuropsychology,

Occupational therapist (to focus on instrumental ADL's), and Psychiatric Technician to assist in providing a safe patient and staff environment and controlling negative behaviors which are common in this patient population.

3. ANALYSIS (Describe how the problem was analyzed.):

Baseline data was collected from all patients accepted to the free program. This includes:

1) A video role-play which is based on a **mock staffing**. Patients are aware that the staffing is not real, but are asked to treat it as a real staffing. The staffing is videotaped (with patient consent) to be rated by blinded, trained raters to show changes in performance before and after the program. The role-play was chosen because a staffing is a universal requirement for patients in the forensic hospital setting.

2) Unit ID team completes a unit evaluation form, which assesses patient functioning on the unit before and after the program.

4. IMPLEMENTATION (Describe your implementation of the solution.):

The program is duration of 20 weeks. Patients attend a group two times weekly for 2 and 1 and ½ hours respectively.

Incentive cards are used to generalize improvement and increase unit staff participation in the program.

A Group setting was developed to increase the number of patients who could participate in the program, to provide a controlled environment to allow for patient interaction and training in problems which are common to this subset of patients, to provide a support environment for this patient population—there are others who have similar difficulties in functioning.

5. RESULTS (Demonstrate that an improvement has occurred as a result of the project/process area implementation.):

To date three cycles of the FREE program have been completed. Patients have had improvement in attention, memory and behavior (using compensatory techniques) as measured by the pre and post unit evaluation forms. Due to small sample size, results from subsequent cycles are ongoing to show improvement in pre and post role-play scores.

Variable	Mean	Standard Dev	N	T value	P value
Attention pre	3.50	1.85	8		
Attention post	3.62	1.92	8	-3.57	0.731
Initiation Pre	3.14	1.73	8		
Initiation Post	3.87	1.46	8	-1.05	0.33
Social Skills Pre	4.00	1.41	8	-0.92	0.39
Social Skills pos	4.31	1.10	8		

Variable	Mean	Standard Dev.	N	T value	P value
Memory Pre	3.65	2.90	12		
Memory Post	6.48	2.26	12	-3.63	0.0039
Compensatory Techniques Pre	2.16	3.68	12		
Compensatory Techniques Post	3.33	1.92	12	-1.79	0.099
Initiation pre	9.75	5.41	12		
Initiation Post	11.66	4.31	12	-1.46	0.17

6. LEARNING (Describe what the team learned and how they used those lessons to continuously improve the success of this Best Practice.):

The team is constantly improving the program bases on patient and staff feedback. As a result, the free manual was developed. It is best used to provide an outline of program goals to trained staff, and to allow for improved unit staff participation and generalization of compensatory strategies to the unit and hopefully to the community.

A formal mechanism for unit staff training to increase awareness of the special needs of patients with brain injury is needed. Another specialized team may best address this. This may also accomplish a goal of continuing generalization of improvement of patient performance.

An improved outcome measure would decrease the time needed in assessment of these patients and may provide an additional treatment tool. This would be best addressed by the development of computer technology to assist in patient assessment, but should be visual not language based.

Projects based of the FREE design have applications to all the state and forensic institutions for this specialized group of patients.

BEST PRACTICE CATALOG

Project Title: **SPECIALIZED TREATMENT AND REHABILITATION DAY TREATMENT (STAR)**

Function Category: ☒ **PATIENT-FOCUSED** ☐ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Care of Patients** Heading: **Behavior Management**

Key Word(s): **Day Treatment, Respect**

Contact Person: **David Weingarden, LCSW** Telephone Number: **(909) 425-7339**

Hospital: **Patton State Hospital**

Purpose: **To demonstrate to STAR patients (and other Patton staff) that total respect for program, staff and self, shown by both patients and staff, will create a truly therapeutic atmosphere and set of expectations for this program.**

Brief Description: **From the first meeting of a new cycle until the last meeting and commencement, three months later, the concept of respect is kept as the focus of the program. Other staff and student/interns continually remark on the atmosphere of respect at STAR.**

Selection Basis/Criteria:

The following items are available regarding this Best Practice:

☐ **Photographs** ☒ **Video Tape** ☐ **Drawings** ☐ **Manual**

☐ **Other : _____**

DATE SUBMITTED: **October 19, 1998**

I. C. 1. 011

BEST PRACTICE CATALOG

Project Title: **CELL ENTRY/EXTRACTION PROCEDURE**

Function Category: ☒ **PATIENT-FOCUSED** ☐ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Care of Patients** Heading: **Behavior Management**

Key Word(s): **Emergency Procedure**

Contact Person: **Zenaida S. Tan, Nursing Coordinator** Telephone Number: (**707) 449-6588**

Hospital: **Vacaville Psychiatric Program**

Purpose: **The cell entry/extraction procedure provides a safe, systematic and organized means of physically removing an inmate-patient from his cell, when he poses a danger to himself or others and is unable or unwilling to leave the cell voluntarily.**

Brief Description: **In the Acute Program, inmate-patients are confined to single cells when not participating in treatment activities. At times, an inmate-patient may be engaged in self-injurious behavior or may be exhibiting other behavior that necessitates bringing him out of the cell for assessment and treatment. After all verbal interventions or attempts to gain the inmate-patient's cooperation have been exhausted and he continues to refuse to exit the cell, a senior medical technical assistant assembles a team of seven (7) trained medical technical assistants. The team, dressed in standard precaution suits, helmets, and other body armor, and using a protective shield, enters the cell. Using the minimum force necessary to gain physical control of the inmate-patient, the team removes the inmate-patient from the cell and provides the appropriate assessment and treatment, as prescribed by a physician.**

Selection Basis/Criteria: **Traditional Management of Assaultive Behavior techniques were found to be ineffective within the confined cell area. In the Department of Corrections, the cell entry/extraction procedure is performed only by correctional officers; however, utilizing officers to provide emergency intervention on a psychiatric unit had a negative impact on patient care. By adapting the CDC model and utilizing medical technical assistants to perform the cell entry procedure, the Vacaville Psychiatric Program designed an emergency treatment intervention that is fast, effective, and reduces the risk of injuries to staff and inmate-patients.**

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☒ **Manual (lesson plan)**

☐ **Other : _____**

DATE SUBMITTED: **October 14, 1998**

I. C. 1. 012

CALIFORNIA DEPARTMENT OF Mental Health

LTCS BEST PRACTICE CATALOG SUBMISSION

Project Title: Restraint Reduction Project, Child and Adolescent Treatment Program
Function Category:

[X] **PATIENT-FOCUSED** [ ] **ORGANIZATION** [ ] **STRUCTURES**

Sub-category(s): Care of Patient **Heading:** Behavior Management

Contact Person: Ken Layman, PA **Telephone Number:** (562) 409-7100

Hospital: **Metropolitan State Hospital**

The following items are available regarding this Best Practice:

[ ]	[ ]	[X]	[X]
Photographs	**Video Tape**	**Drawings**	**Manual**

1. **SELECTION OF PROJECT/PROCESS AREA (Describe how and why your team selected this project/process area for improvement.):**

   Restraint and seclusion reduction has long been a quality indicator in the program's performance improvement plan. In July 1998 the program experienced an upward spike in occurrences. The program conducted a root cause analysis at that time to better evaluate factors causing the increase. The program put into place the recommendation as a result of the analysis but it was clear that a longer term approach was needed to implement substantive changes. In October 1998, the Program Director initiated a process action team (PAT) to evaluate and make recommendations to decrease the use of restraint and seclusion in the program.

2. **UNDERSTANDING EXISTING CONDITION WHICH NEEDS IMPROVEMENT (Describe the relationship of your project to your goals for improvement, and describe current process performance.):**

   Clarification of the issues was accomplished by benchmarking with like facilities, review of successful measures employed at other facilities, review of JCAHO materials, review of pertinent research articles, formal survey of all patients and staff in the program, evaluation of physical characteristics of units, patient consumer on the team, cause and effect analysis of months of high occurrence and an in-depth study of variables that effected R&S usage in the program.

3. **ANALYSIS** **(Describe how the problem was analyzed.):**

Tools employed in the analysis of data included review of data displayed on run charts, cause and effect diagrams, statistical review of the survey data, blue prints of the units, review of materials and discussion with expert consultants, consumers and staff. The team reached consensus and formulated recommendations through in-depth review and discussion and utilization of standard tools for reaching agreement. These included brainstorming, clarification, multi-voting, prioritization, and closure.

4. **IMPLEMENTATION** **(Describe your implementation of the solution.):**

Program management reviewed and discussed the team's work and developed an action plan to implement the recommendations. Major areas of recommendations included:

1. **Staff Training and Support**
2. **Clinical procedures**
3. **Space and equipment**
4. **Policies**
5. **Planning/Peak Times/High Utilizers**
6. **Consumer Education /Involvement**

5. **RESULTS** **(Demonstrate that an improvement has occurred as a result of the project/process area implementation.):**

Significant decreases have been seen in the number of incidents since the implementation of the team's recommendations. Initially, restraint episodes decreased 25.4% from year ago levels during the 2nd quarter 1999. In July 1999, episodes decreased 44.5% from year earlier levels. Since completion of the staff training component, decreases in incidents have continued as well as the number of children placed in restraints. The numbers of PRN medications given to children are also significantly lower, pointing to the staff's intensified efforts to intervene sooner and more effectively in the escalation cycles of children in behavioral crisis.

6. **LEARNING** **(Describe what the team learned and how they used those lessons to continuously improve the success of this Best Practice.):**

The restraint and seclusion reduction initiative is seen as a longer term project requiring perseverance and support from all levels of the hospital. The team was composed of staff who woork directly with children and adolescents on both shifts, which allowed for frank discussions and ultimately greater "buy in" by staff.

Having a consumer representative on the team was critical, especially in designing the children and adolescent survey. Development and implementation of an action plan by management, including specifics of what needs to be done, time frames and those responsible by program management is needed to insure implementations of recommendations.

CALIFORNIA DEPARTMENT OF Mental Health

LTCS BEST PRACTICE CATALOG SUBMISSION

Project Title: **Quick Reference Restraint & Seclusion Procedure Tag**

Function Category:

☒ **PATIENT-FOCUSED** ☐ **ORGANIZATION** ☐ **STRUCTURES**

Sub-category(s): Care of Patients **Heading: Behavior Management**

Contact Person: Peggy Phaklides, ASH Standards Compliance Office

Telephone Number: 805-468-3396

Hospital: Atascadero State Hospital

The following items are available regarding this Best Practice:

☒ **Sample Quick Reference Tags**

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

1. **SELECTION OF PROJECT/PROCESS AREA** **(Describe how and why your team selected this project/process area for improvement.):**

   Audits of Restraint and Seclusion chart documentation provided data that showed inadequate documentation on incidents of R&S. This kind of documentation is critical to protecting patient rights and passing the scrutiny of JCAHO & licensing surveyors and the passing patients rights advocate.

2. **UNDERSTANDING EXISTING CONDITION WHICH NEEDS IMPROVEMENT**
   (Describe the relationship of your project to your goals for improvement, and describe current process performance.):

   Immediately following incidences involving violent acts or injuries documentation is often written during times of high stress. Because of the stress, Occasionally critical elements of documentation can be overlooked.

3. **ANALYSIS** **(Describe how the problem was analyzed.):**

100% of Restraint & Seclusion charts were audited. A significant number showed opportunities to improve in documentation. The audits also showed that the most complete documentation was done by individuals who had some kind of reference immediately available to them at the time of the writing.

4. **IMPLEMENTATION** **(Describe your implementation of the solution.):**

A team of ASH staff developed a quick reference card to detail the critical components of R&S documentation. The cards are in the form of laminated tags. Tags were distributed to all Level Of Care staff. They are hole punched to fit easily and directly behind the security name badges and are readily avaible at a moments notice.

5. **RESULTS** **(Demonstrate that an improvement has occurred as a result of the project/process area implementation.):**

Current audit show R&S documentation is more complete, concise, easier to read, more logically formatted, and contain more of the required critical elements to justify the use of restraint or Seclusion

6. **LEARNING** **(Describe what the team learned and how they used those lessons to continuously improve the success of this Best Practice.):**

Traditional is always ongoing on this subject, but the tags provide immediate teaching and reference at the time of greatest need.

CALIFORNIA DEPARTMENT OF Mental Health

LTCS BEST PRACTICE CATALOG SUBMISSION

Project Title: Restraint Flow Chart – (R / S Documentation Sheet)

Function Category:

☒ **PATIENT-FOCUSED** ☐ **ORGANIZATION** ☐ **STRUCTURES**

Sub-category(s): Care of Patient **Heading: Behavior Management**

Contact Person: Peggy Phaklides, RN **Telephone Number: 805-468-3396**

Hospital: Atascadero State Hospital

The following items are available regarding this Best Practice:

☒ **Sample Flow Sheet** ☒ **Policies and Procedures**

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

1. **SELECTION OF PROJECT/PROCESS AREA (Describe how and why your team selected this project/process area for improvement.):**

   The State and Federal laws and regulations, as well as the JCAHO standards, governing the application and use of any form of restraint or seclusion have inherently stringent guidelines. Documentation surrounding the use of restraint or seclusion must then contain all the required elements to justify its use and ensure that the patient's rights have not been violated.

2. **UNDERSTANDING EXISTING CONDITION WHICH NEEDS IMPROVEMENT**
(Describe the relationship of your project to your goals for improvement, and describe current process performance.):

The Level of Care staff when documenting the patient's physical and mental condition, level of restraint used, nursing care given, fluid intake/output, documentation of the patient's behaviors every fifteen minutes, and summary documentation every two hours required the use of several forms located in different sections of the medical record. Due to the logistics of forms/documents within the chart, omission or incomplete documentation is possible. The absence of any of this vital information places the staff and hospital in a vulnerable position.

3. **ANALYSIS** **(Describe how the problem was analyzed.):**

Ongoing chart audits by numerous departments, as well as the Patients' Rights Advocate revealed less than perfect documentation surrounding the use of restraint or seclusion. A consolidated method to document the nursing care provided and the patient's progress was deemed necessary to obtain a complete, current and ongoing picture of the patient's status.

4. **IMPLEMENTATION** **(Describe your implementation of the solution.):**

A team of staff met to review all required elements R & S documentation, establish weak points and redundancies of chartings, and develop at tool, the "Restraint Flow Sheet", to solve the problem. The form is printed on 1-side, on an easily recognizable colored card stock page and is filed chronologically in the ID notes of the patient's chart.

5. **RESULTS** **(Demonstrate that an improvement has occurred as a result of the project/process area implementation.):**

The tool provides a 24hour tracking sheet which prompts the nursing staff to review and address the essential elements required in the documentation of a patient's status while in restraint or seclusion. Vital elements include 1) nursing care provided, e.g., ROM, I & O, vital signs, skin condition assessments , environmental conditions, etc.; 2) review of alerts for risk factors in the use of restraint or seclusion; 3) triggers for referral for consults if the patient is in R&/or S for greater than 72-144-216 hours; 4) denial of rights considerations; and 5) every 15 minutes observations of the patient's behaviors. With the consolidation of numerous forms into one tool, in one location, the level of care staff are able to focus the written documentation in the interdisciplinary notes to delineate the patient factors, (mental and behavioral) which justify the continued use of R&S.

6. LEARNING (Describe what the team learned and how they used those lessons to continuously improve the success of this Best Practice.):

The team found that incorporation of numerous requirements from several different sources, into an existing and already complicated system is fraught with numerous problems. Input solicited from all levels of the organization can help with buy-in and facilitate the process to a desirable outcome. The team also discovered that once the change and acceptance to the new documentation system was completed, the level of care staff found more time was available for direct patient care, less time was spent on the documentation, and compliance with the regulatory requirements was improved.

CALIFORNIA DEPARTMENT OF Mental Health

LTCS BEST PRACTICE CATALOG SUBMISSION

Project Title: PMRI – Psychiatric Medication Review Instrument

Function Category:

☒ **PATIENT-FOCUSED** ☐ **ORGANIZATION** ☐ **STRUCTURES**

Sub-category(s): Care of Patient **Heading: Medication Use**

Contact Person: Marlene Cordero, MD **Telephone Number: 805-468-2395**

Hospital: Atascadero State Hospital

The following items are available regarding this Best Practice:

☒ **PMRI - Form** ☒ **Staff Training Curriculum**

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

1. **SELECTION OF PROJECT/PROCESS AREA (Describe how and why your team selected this project/process area for improvement.):**

   Psychiatric medication is one of the primary methods of therapy in a mental health setting. Assessing its efficacy can be challenging when several medications may be used at one time and when medications are used in conjunction with other therapeutic modalities. ASH developed the PMRI in an attempt to rate psych symptoms over time in association with the medications that a patient may be taking.

2. **UNDERSTANDING EXISTING CONDITION WHICH NEEDS IMPROVEMENT**
   (Describe the relationship of your project to your goals for improvement, and describe current process performance.):

   Patient progress in treatment and efficacy of medications was only documented in the narrative MD progress notes. Depth and Style of documentation varied greatly depending on practitioner. A view of progress over time and response to psych. medications, was difficult to picture for the MD and for other clinician's working with the patient.

3. **ANALYSIS** **(Describe how the problem was analyzed.):**

In a narrative form, the medication related treatment outcome information was difficult to retrieve and virtually impossible to trend.

4. **IMPLEMENTATION** **(Describe your implementation of the solution.):**

The Medication Use PMT in collaboration with the Dept. of Psychiatry formed a group to develop and revise the instrument called the PMRI. (see attached Form) They developed descriptors for each of the items on the form.

The Psychiatric Medication Review Instrument –Version 2000 was revised to provide the professional staff of Atascadero State Hospital with an efficient, valid, reliable, and rapid evaluation procedure for assessing the impact of psychotropic medications on the signs and symptoms of the forensic patients served by this facility.

Goals of Revision:

The PRMI Revision Committee set forth the following goals for the revision of the previous version of the PMRI.

1) Improve on the reliability and validity of the previous version of the PMRI to better assist psychiatrists in psychotropic prescriptive decisions for individual patients.

2) Provide ASH psychiatrists and psychologists involved in forensic testimony with clearer indices of patient status over time while receiving different dosages and combinations of psychotropic medications. That is, make the PMRI move defensible in court testimony.

3) Include items for mentally disordered offenders (MDO's).

4) Develop an instrument that is quick and easy to use that can be used at the time of medication reviews.

5) Update item descriptors to conform to changes in the DSM-IV and assessment descriptors used by widely accepted psychiatric rating scales used in psychiatric and psychopharmacology research.

6) Meet JCAHCO criteria of measuring progress (or lack of) in reducing psychopathology and side effects. This goal had been presented to JCAHO surveyors during the 1994 accreditation site visit.

5. **RESULTS** **(Demonstrate that an improvement has occurred as a result of the project/process area implementation.):**

The resulting form was a two sided grid that listed a patients psychiatric medications, corresponding lab results, and displayed 12 months worth of rating the severity of a patients signs and symptoms.

6. **LEARNING** **(Describe what the team learned and how they used those lessons to continuously improve the success of this Best Practice.):**

1) Drug Use Evaluations conducted by the pharmacy showed us that the Original rating scale and number of descriptors were not detailed finely enough to capture the subtleties of a patient's progress in mental health. The PMRI Team developed a revised version of the form with more a more detailed rating scale and an increased number of signs and symptoms to better capture the patients progress.

2) In follow-up audits after the first version of the PMRI was in use for a year, we found that just printing and distributing the descriptors was not enough to guarantee consistent use of the form by practitioners.

With the revision of the form a training packet and training session was devised for PMRI users to facilitate inter-rater reliability and consistency throughout the hospital.

3) The PMRI is designed primarily to measure a patient's response to psychiatric medications. Caution must be exercised in the interpretation of PMRI scores. Other factors including psychopathy and organic brain disorders, e.g., retardation, head injury, may significantly influence forensic issues.

4) The PMRI does not stand alone. It must correlate to, and be substantiated by, Physician's Progress Notes and ID Team notes. The PMRI is intended to provide a mechanism for visual tracking to review a patient's response to psychiatric medications over time.

BEST PRACTICE CATALOG

Project Title: **EXCEPTION REPORTING FORM**

Function Category: ☒ **PATIENT-FOCUSED** ☐ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Care of Patients** Heading: **Medication Use**

Key Word(s): **Reporting form**

Contact Person: **Glen Itow, Pharm.D.** Telephone Number: **(562) 651-2237**

Hospital: **Metropolitan State Hospital**

Purpose: **To identify and report deviations from the approved state psychopharmacology standards.**

Brief Description: **The pharmacist routinely reviews all medication orders. When the pharmacist determines that an order for medication falls outside the guidelines (e.g., dosage exceeded guideline, polypharmacy, etc.), he/she will generate an Exception Reporting Form (ERF) within 3 working days. The copies of ERF will be distributed as followed: 1 copy is kept at the pharmacy (Drug Information), 1 copy is sent to the prescribing physician, and 1 copy is sent to Therapeutic Review Committee (TRC) of the hospital. Upon receipt of the ERF the prescribing physician can change the dose of medication to comply with the state guidelines or wait for a Therapeutic Review Committee evaluation and recommendation.**

Selection Basis/Criteria:

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☐ **Other : _____**

DATE SUBMITTED: **October, 13, 1998**

I. C. 2. 002

BEST PRACTICE CATALOG

Project Title: **AUTOMATED CLOZAPINE MONITORING PROGRAM**

Function Category: ☒ **PATIENT-FOCUSED** ☐ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Care of Patients** Heading: **Medication Use**

Key Word(s): **Automation, Clozapine**

Contact Person: **Lee Bufalini** Telephone Number: **(707) 253-5360**

Hospital: **Napa State Hospital**

Purpose: **The automated clozapine monitoring program allows for close monitoring of clients on clozapine for any signs of white blood count abnormalities.**

Brief Description: **The program provides a daily download of laboratory results into a pharmacy computer containing the clozapine monitoring software. The program alerts the pharmacist to drops in the client's white blood count that fall within Special Order 105, Clozapine Protocol, and allow for early intervention.**

Selection Basis/Criteria: **Clozapine treated clients are at risk of developing bone marrow suppression and possible life threatening adverse hematological reactions. The automated clozapine monitoring program alerts the reviewing pharmacist whenever downloaded laboratory results fall outside of the acceptable range as outlined in Special Order 105, Clozapine Protocol. The pharmacist intervenes by contacting the treating physician to inform him/her of the recommended action. Enhanced client safety is realized through prompt early detection and treatment of adverse hematological reactions. The automated clozapine monitoring program meets the JCAHO standards for monitoring medications given to clients for adverse reactions.**

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☐ **Other : _____**

DATE SUBMITTED: **October 19, 1998**

I. C. 2. 003

BEST PRACTICE CATALOG

Project Title: **PSYCHOPHARMACOLOGY CONSULTATION SERVICES**

Function Category: ☒ **PATIENT-FOCUSED** ☐ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: Care of Patients Heading: **Medication Use**

Key Word(s): **Psychopharmacology; Consultation**

Contact Person: **William H. McGhee, M.D.** Telephone Number: **(909) 425-7922**

Hospital: **Patton State Hospital**

Purpose: **To provide advanced psychopharmacology consultation to treating physicians.**

Brief Description: **This service provided approximately 200 consults per year regarding complex questions in psychopharmacology. Areas addressed include selection of medication, potential drug interactions, reduction or elimination of side effects and optimization of response in treatment-resistant or treatment-refractory patients. The consultation team is headed by a psychiatrist with fellowship training in psychobiology and psycho-pharmacology, and includes psychiatry residents receiving teaching in advanced psychopharmacology.**

Selection Basis/Criteria:

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☐ **Other : _____**

DATE SUBMITTED: **October 16, 1998**

CALIFORNIA DEPARTMENT OF Mental Health

LTCS BEST PRACTICE CATALOG SUBMISSION

Project Title: Antiandrogen Clinic

Function Category:

[X] **PATIENT-FOCUSED** [ ] **ORGANIZATION** [ ] **STRUCTURES**

Sub-category(s): Care of the Patient **Heading: Medication Use**

Contact Person: Gabrielle Paladino, MD **Telephone Number: 805-468-2034**
Contact Person: Grace Hayes, Pharm.D. **Telephone Number: 805-468-2667**

Hospital: Atascadero State Hospital

The following items are available regarding this Best Practice:

☒ **Policies & Procedures** ☒ **Patient Education Material** ☒ **Clinic Forms**

[ ] **Photographs** [ ] **Video Tape** [ ] **Drawings** [ ] **Manual**

1. **SELECTION OF PROJECT/PROCESS AREA (Describe how and why your team selected this project/process area for improvement.):**

In the past 3 years the population of SVP's (Sexually Violent Predators) has increased to 1/3 of the Hospital's census. One form of treatment for these patients are Antiandrogen medications. These drugs block the production of testosterone in the body, which can be linked to aggression and sexual assault. Antiandrogens are both expensive and high risk in terms of side effects. Careful monitoring is required. The literature on antiandrogens shows that there is a high dropout rate in the use of the medication (50%) with sex offenders without adequate support and comprehensive management.

2. **UNDERSTANDING EXISTING CONDITION WHICH NEEDS IMPROVEMENT**
(Describe the relationship of your project to your goals for improvement, and describe current process performance.):

The hospital was wasting doses of expensive Antiandrogens by giving them separately on the different treatment unit locations. All progress and side effects occurring from the drugs were not seen in the aggregate but rather seen piece-meal by separate disciplines. There was a limited way to assess whether Patient Education on the topic was comprehensive and standardized and a fragmented ability to assess the patient's level of compliance.

3. **ANALYSIS** **(Describe how the problem was analyzed.):**

There was a financial need to consolidate the expensive doses of medications that were prepackaged in individual syringes. There was also a need to systematize care and review outcomes of the patients and their sometimes unique medical and psychiatric needs. Discussions with multiple sources of input revealed that centralizing antiandrogen care in one location in a "clinic" forum would be the most effective use of resources.

4. **IMPLEMENTATION** **(Describe your implementation of the solution.):**

The interdisciplinary Antiandrogen Work Group developed the concept of the clinic. They proposed the idea to the appropriate groups (Tx Programs, Pharmacy, Executive Team, etc.), established a time and location for the clinic, and staffed the project with an Internist MD, a Psychiatrist, a pharmacist, a nurse and a dietitian.

5. **RESULTS** **(Demonstrate that an improvement has occurred as a result of the project/process area implementation.):**

Money has been saved by splitting the contents of prefilled syringes and maximizing the use of the medication. Results and side effects can be more easily trended for analysis. All relevant disciplines can see the patient at once (MD, Pharm D, RN, and Dietitian) and confer about the results. The patients also receive a standardized and comprehensive amount of education about the treatment during clinic sessions.

6. **LEARNING** **(Describe what the team learned and how they used those lessons to continuously improve the success of this Best Practice.):**

An extensive database is being built to include outcome indicators of many kinds to assess the effectiveness of this treatment. Using penile plethysmography, effectiveness of antiandrogen therapy is being assessed on a continuous basis.

CALIFORNIA DEPARTMENT OF Mental Health

LTCS BEST PRACTICE CATALOG SUBMISSION

Project Title: Clozapine Clinic

Function Category:

[X] **PATIENT-FOCUSED** [ ] **ORGANIZATION** [ ] **STRUCTURES**

Sub-category(s): Care of Patient **Heading: Medication Use**

Contact Person: Federico Banales, MD **Telephone Number: 805-468-2496**

Hospital: Atascadero State Hospital

The following items are available regarding this Best Practice:

☒ **Policies & Procedures** ☒ **Clinic Forms**

[ ] **Photographs** [ ] **Video Tape** [ ] **Drawings** [ ] **Manual**

1. **SELECTION OF PROJECT/PROCESS AREA (Describe how and why your team selected this project/process area for improvement.):**

There is a relatively new antipsychotic in wide use called Clozapine. The drug has the potential to restore notable psychiatric and psychological function and quality of life to individuals who have been impaired by their mental illness. Historically, the use of this medication has been anecdotally noted to reduce violence in very psychotic patients.

However, patients taking the medication require a significant amount of monitoring by various disciplines. Medically the side effects can be critical and possibly lethal. This requires intensive monitoring of all aspects of the patient's health and well being.

2. UNDERSTANDING EXISTING CONDITION WHICH NEEDS IMPROVEMENT

(Describe the relationship of your project to your goals for improvement, and describe current process performance.):

Patients taking clozapine were monitored for their response to this drug at separate times by, Psychiatrists, Internal Medicine Specialists, RNs, Psychologists, Dietitians, Pharmacists, & laboratory staff. The drug "clozapine" is expensive and is a higher risk treatment with potential complications of bowel impaction and white blood cell dyscracias. All of these need to be evaluated and monitored, allowing for immediate followup and intervention.

The **Clozapine Clinic** is an extra added step above the normal follow up on the treatment unit but is indicated partly because of the psych. patients' poor ability to be a reliable historian regarding their physical and psychiatric problems.

Previously, when a compliant and stabilized clozapine patient had been taken off of the medication, there had been incidences of regression to a violent and disorganized state of behaviors. This has, in the past, resulted in violence towards staff and other patients.

3. ANALYSIS **(Describe how the problem was analyzed.):**

Sources of data that prompted the project were varied including: The literature on clozapine indicating both its successes and its areas of risk, an ASH history of transfer of clozapine patients to a higher level of care, an ASH history of successful clozapine outcomes as well as a history of discontinuing the drug from lack of efficacy, and evidence of bowel flow problems either caused or exacerbated by the medication.

4. IMPLEMENTATION **(Describe your implementation of the solution.):**

DMH-Statewide, clozapine was being considered for possible discontinuation unless an adequate method of side effect monitoring could be established to provide an ongoing evaluation of the risk-to-benefit ratio in favor of the patient. The ASH Departments of Psychiatry, Medicine, Pharmacy, and Central Nursing Services considered the ramifications of the loss of what has been a very effective medication for extremely violent and intractable patients, and reviewed the various alternatives.

An interdisciplinary team was developed to establish a "**Clozapine Clinic**" where all relevant disciplines could evaluate the patient at one time. The patient would be scrutinized for continuing benefit, potential problems, and immediate interventions to be taken for either further evaluation or immediate treatment.

The drug is taken daily but the patients are seen in clinic at a frequency determined by the medical doctor and according to the outcome patient's lab and other assessments. Hospital policy is such that it is strongly recommended (but not mandated) that clozapine patients are sent through the clinic process.

5. **RESULTS** **(Demonstrate that an improvement has occurred as a result of the project/process area implementation.):**

The result of the I.D. clinic approach is a smoother, more consistent, more efficient process of monitoring the clozapine patient with a strong focus toward those high-risk "clozapine" effects (high WBC's, bowel impaction etc)

Several unexpected findings have also occurred in the Clozapine Clinic. On two occasions the physical exam of the abdomen led to an immediate xray, demonstrating that the patient had ingested metallic objects that could have caused further morbidity and possible mortality. On other occasions clinic staff were able to elicit additional psychiatric symptomology, which, showed the presence of violent thoughts toward staff. This allowed clinic staff to contact the unit staff for critical evaluation and intervention.

The methods of unit treatment team intervention follow a natural course requiring their own time and pace for process and resolution. In the clinic this pace is focused on critical clozapine issues and is therefor accelerated allowing for immediate interventions e.g., x-rays, lab work, instant evaluation, corrective action. Then, Subsequent longer-term followup also occurs on the treatment unit.

A side benefit of this clinic project is that the clinic staff are able to form a therapeutic alliance with patient, allowing him an additional place to express thoughts and feelings which he may be uncomfortable expressing to the treatment unit staff. With the clinic evaluation process added to the normal followup, the patient is not only given a closer scrutiny for medical problems, but is also given an adjunct opportunity to engage in the therapeutic process.

6. **LEARNING** **(Describe what the team learned and how they used those lessons to continuously improve the success of this Best Practice.):**

We have clearly learned that we need not abandon clozapine therapy altogether but that by using a focused, interdisciplinary approach we can sufficiently monitor the problematic side effects and help insure safe use of the medication.

In the near future, plans include the development of a Clozapine Clinic quarterly report that would address in very specific terms the risk-to-benefit assessment tailored for each patient on the medication. This will be done in an interdisciplinary forum using a standardized instrument. This assessment will examine both behaviors prior to being on the medication and the beneficial effects after being placed on clozapine and facilitate the trending of outcome data for the treatment.

BEST PRACTICE CATALOG

Project Title: **COMPUTER-ASSISTED TREATMENT PLAN (CATPA)**

Function Category: ☒ **PATIENT-FOCUSED** ☐ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Care of Patients** Heading: **Planning**

Key Word(s): **Treatment Planning; Outcome Measurement; Information Systems**

Contact Person: **Craig Nelson, CA** Telephone Number: **(805) 468-2032**

Hospital: **Atascadero State Hospital**

Purpose:

- **To automate routine aspects of the treatment planning process.**
- **To base the treatment planning process on a standard set of clinical data.**
- **To support the implementation of the BPSC model of treatment planning and delivery.**
- **To provide an efficient means for capturing and using clinical data.**

Brief Description:

CATPA is a 32-bit, Windows-95 compliant, network-based computer application developed at Atascadero State Hospital. CATPA is currently in use on each of the 28 treatment units in the hospital. All initial and quarterly treatment plans for the patient population are produced using CATPA. Skill deficits are measured by a locally developed instrument, the Atascadero Skills Profile. An instrument developed by the department of psychiatry, the Psychotropic Medication Review, measures psychiatric symptoms. The data from these two measures, considered with the priorities associated with the patient's dispositional setting (e.g., discharge to CONREP, return to CDC, etc.), provide the basis for assigning treatment.

Selection Basis/Criteria:

As a result of the implementation of CATPA:

- **More information is available to the clinical teams for decision making and treatment planning.**
- **The consistent use of focused clinical assessment tools has enhanced treatment delivery.**
- **Electronically accessible databases have improved the process of program development and outcome evaluation.**
- **The use of standardized treatment planning process has had a positive impact on the functioning of interdisciplinary treatment teams.**
- **The information generated by CATPA has improved the ability of managers and administrators to do strategic planning.**

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☒ **Other: Sample Treatment Plans, CATPA Manual**

DATE SUBMITTED: September 17, 1998

I. C. 4. 001

BEST PRACTICE CATALOG

Project Title: **MOBILITY ENHANCEMENT TEAM (MET)**

Function Category: ☒ **PATIENT-FOCUSED** ☐ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Care of Patients** Heading: **Planning**

Key Word(s): **Planning/Programming**

Contact Person: **Kyle Ray, R.N., Nursing Coordinator** Telephone Number: **(707) 253-5779**

Hospital: **Napa State Hospital**

Purpose: **Increase mobility and range of motion. Decrease and prevent development of pressure sores in clients with reduced mobility or bedfast clients on skilled nursing and medical/surgical units.**

Brief Description: **Nursing staff were selected and trained in procedures of physical therapy range of motion, ambulation, transfer of clients from bed to wheelchairs and to ambulate. Use of assistive devises, proper positioning, and range of motion, use of safety devices, basic anatomy, and documentation. Clients residing on skilled nursing and medical/surgical units are selected based upon limited mobility and risk for development of pressure sores. All clients referred based upon an assessment by the treatment team and as a result of formal physician referral.**

Selection Basis/Criteria: **Program 4 has selected the Mobility Enhancement Team for inclusion in the Best Practices Program based upon the fact that the initial development was in response to a licensing survey citation and resulted as a collaborative effort between Program 4 and Central Nursing Services. The original team was composed of staff from both CNS and Program 4. As a result of the establishment of the team the licensing citation was lifted and the MET team is now being offered program-wide to all clients requiring their services and potentially will be available to clients in other programs with problems related to mobility/range of motion.**

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☒ **Manual (excerpts)**

☐ **Other _____**

DATE SUBMITTED: October 19, 1998

I. C. 4. 002

CALIFORNIA DEPARTMENT OF Mental Health

LTCS BEST PRACTICE CATALOG SUBMISSION

Project Title: 1370 Resource Manual (resource for 1370 sponsors)

Function Category:

[X] **PATIENT-FOCUSED** [ ] **ORGANIZATION** [ ] **STRUCTURES**

Sub-category(s): Care of the Patient **Heading: Planning**

Contact Person: Debbie Vargues, ASH Unit Supervisor, Unit 8

Telephone Number: 805-468-3396

Hospital: Atascadero State Hospital

The following items are available regarding this Best Practice:

[ ] **Photographs** [ ] **Video Tape** [ ] **Drawings** [X] **Manual**

1. **SELECTION OF PROJECT/PROCESS AREA (Describe how and why your team selected this project/process area for improvement.):**

   Staff who work with 1370s have a need comprehensive knowledge about the 1370 commitment code, the related forensic issues and the respective treatment process.

2. **UNDERSTANDING EXISTING CONDITION WHICH NEEDS IMPROVEMENT (Describe the relationship of your project to your goals for improvement, and describe current process performance.):**

   There is a great deal of information that staff need to learn, it was scattered in different places and in different formats, and it had the possibility of being taught inconsistently depending on the teacher.

3. **ANALYSIS** **(Describe how the problem was analyzed.):**

The 1370 Process Management Team addressed the treatment needs of the patient and training needs of the staff and identified the gaps in the processes.

4. **IMPLEMENTATION** **(Describe your implementation of the solution.):**

QAT developed a resource manual in a 3 ring binder. Printed them and gave them to each staff member who served as a sponsor for a 1370 patient.

5. **RESULTS** **(Demonstrate that an improvement has occurred as a result of the project/process area implementation.):**

The staff training is more consistent, The training information is more comprehensive, better informed sponsors = better informed patients, there is more efficient patient movement though the 1370 program. 'Length of Stay' has decreased for those patients who complete the treatment process where the manual is used.

6. **LEARNING** **(Describe what the team learned and how they used those lessons to continuously improve the success of this Best Practice.):**

This 'standardized manual' approach may be beneficial in educating staff about the treatment of other commitment codes.

CALIFORNIA DEPARTMENT OF Mental Health

LTCS BEST PRACTICE CATALOG SUBMISSION

Project Title: Video Production Training Program
Function Category:

☐ **PATIENT-FOCUSED** ☐ **ORGANIZATION** ☐ **STRUCTURES**

Sub-category(s): Care Of Patients **Heading:** Planning

Contact Person: Mike Daly **Telephone Number:** (707) 254-2353

Hospital: Napa State Hospital

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

1. **SELECTION OF PROJECT/PROCESS AREA (Describe how and why your team selected this project/process area for improvement.):**

The hospital wanted to expand Vocation Services to include more skilled job training.

2. **UNDERSTANDING EXISTING CONDITION WHICH NEEDS IMPROVEMENT**
(Describe the relationship of your project to your goals for improvement, and describe current process performance.):

Video Production training is a multi-skill training program which provides training in the following areas:

- Videography,
- Video Editing,
- 3 D Animation,
- Stage Lighting,
- Audio Taping Technology,
- Character Generation,
- Script and Screenplay Authoring,
- Video Store Sales Representative Training

3. ANALYSIS (Describe how the problem was analyzed.):

A proposal to set up a Video Production Training Program was submitted to the Director of Vocational Services and the Director of Central Program Services. It was then sent to the Clinical Management team for approval. Copies of this proposal are available.

4. IMPLEMENTATION (Describe your implementation of the solution.):

I wrote the Video Production Training proposal and after approval, CPS set up interviews to find an individual who was qualified to conduct the program. The class was then set up and qualified client candidates were chosen. (Entrance and Exit criteria are available.)

5. RESULTS (Demonstrate that an improvement has occurred as a result of the project/process area implementation.):

The first class has graduated from the training program and the clients provide videotape services to the hospital as a whole through the hospital's Job Training Program.

6. LEARNING (Describe what the team learned and how they used those lessons to continuously improve the success of this Best Practice.):

The Video Production Training Program has provided a valuable service to both the clients and staff at Napa State Hospital. Subsequently, the same process was used to set up a computer training program which has trained clients in both hardware and software technologies.

CALIFORNIA DEPARTMENT OF Mental Health

LTCS BEST PRACTICE CATALOG SUBMISSION

Project Title: New Unit - Goal Setting Group
Function Category:

☐ **PATIENT-FOCUSED** ☐ **ORGANIZATION** ☐ **STRUCTURES**

Sub-category(s): Care of Patients **Heading:** Planning

Contact Person: Susan Reiner-Lyon, MOT
Joel Ramirez, Unit Supervisor
Julius Fu, MD Team Leader
Mitch Davis, PSW
Telephone Number: (707) 254-2490 or 2495

Hospital: Napa State Hospital

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

1. SELECTION OF PROJECT/PROCESS AREA (Describe how and why your team selected this project/process area for improvement.):

The IDT selected this Treatment Intervention to improve the unit clients' involvement in Productive Activities and thereby involving the clients in meaningful activities within vocational settings, educational settings and leisure settings. The secondary reason for the selection of this group is to increase client's independence by achieving Destination Cards and eventually earn Grounds Cards to access vocational, educational and leisure settings within the confines of the hospital facilities inside the secure treatment areas.

2. UNDERSTANDING EXISTING CONDITION WHICH NEEDS IMPROVEMENT

(Describe the relationship of your project to your goals for improvement, and describe current process performance.):

The new unit opened on 08-16-99 for PC1026 clients. Clients were transferred into the unit without PST's and ITI 's. The primary goal of team building with L.O.C. and Ancillary staff was to implement components of Active Treatment/BPSR.

3. ANALYSIS **(Describe how the problem was analyzed.):**

Individual Treatment Plans were reviewed for needs and services required. PST's and ITI's reviewed did not reflect an overall integrated treatment plan across vocational and productive activities, educational activities, and leisure activities. The IDT determined that the full complement of 40 clients would receive goal-oriented treatment to encourage vocational, educational and leisure pursuit by each individual and that would address their mental illness, behavioral and social deficits.

4. IMPLEMENTATION **(Describe your implementation of the solution.):**

- Solutions examined:

The IDT conducted individual conferences at 72 hour, 14-day, 7-day transfers and 90-day intervals. IDT implemented and utilized assessments in order to identify specific client needs.

- Reasons for selection:

The IDT determined and implemented a variety of treatment groups that would address Activities of Daily Living, Work and Productive Activities, Cognitive Components, Psychosocial Skills, Psychological Components, and Leisure Activities.

- What was done:

The Occupational Therapist/Rehab Therapist applied the Occupational Therapy Frame of Reference: Model of Human Occupations (Kielhofner1991,Bruce, Borg 1993, Levy 1993) for the protocols of a Goal Setting Group.

- How it was done:

a) The parameters of the group facilitated clients to set and achieve short term and long term goals through learning, practice and role playing.

b) The group meets once a week for 60 minutes.

c) Clients are educated in the components of goal setting through demonstration and interaction techniques.

d) Clients are provided a worksheet each week, with brief descriptions of the exercise to set short-term goals and long term goals to be achieved over a measured period of time.) Clients review their goals weekly in the group setting and peers are encouraged to offer suggestions. Peers also learn through successes, difficulties and experiences shared by others.

5. RESULTS (Demonstrate that an improvement has occurred as a result of the project/process area implementation.):

a) Upon entry to the unit, 3 of the clients had ITI's/Vocational assignments. At the end of 90 days, after implementing the treatment groups, the number of clients with vocational or educational assignments was increased by 68%.

b) Upon entry to the unit, 6 of the clients had destination/grounds cards. At the end of the 90 days, after implementing the treatment groups, the number of clients achieving D/G Cards increased by 45%.

6. LEARNING (Describe what the team learned and how they used those lessons to continuously improve the success of this Best Practice.):

The Interdisciplinary Team learned that clients require an integrated approach of education and practical learning. Clients demonstrated vocational, educational and independence acquisition by integrating initiation and termination of short term and long term goals through:

- problem solving
- concept formation of values and interests
- self-management
- role performance.

The IDT learned that clients require short term and long term planning to meet their identified needs with regard to their mental illness and social deficits. Additionally the staff who work with the clients within the group setting implemented components of behavioral techniques that can result in a reduction in assaultive behaviors both on and off the unit as evidenced by positive comments from the vocational and educational and leisure site supervisors.

BEST PRACTICE CATALOG

Project Title: **ARTS IN MENTAL HEALTH**

Function Category: ☒ **PATIENT-FOCUSED** ☐ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Care of Patients** Heading: **Programming**

Key Word(s): **Fine Arts**

Contact Person: **Linda Wargo, Artist Facilitator** Telephone Number: **(805) 468-2086**

Hospital: **Atascadero State Hospital**

Purpose: **Through participation in visual, literary or performing arts the patient will learn to develop artistic skills, expand avenues of communication and self-expression and expand socialization and interpersonal relationship skills. Attaining these skills supports the patient's entry into the treatment process as well as building a link to community based resources and projects useful to leisure time utilization at the disposition site.**

Brief Description: **Community contract artists instruct groups using appropriate contemporary materials such as paint, pencil, clay, musical instruments, art books and videos.Activities include discussions, readings, performances, exhibits, individual and group process and demonstrations as well as the hands on experience with media.**

Selection Basis/Criteria: **Patient demonstrates an interest in art or leisure activities. This program does not require demonstrated art ability. Most workshops are appropriate for all levels of ability. Theatre and writing workshops require minimal reading and writing skills.**

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☐ **Other** _____

DATE SUBMITTED: **September 17, 1998**

I. C. 5. 001

BEST PRACTICE CATALOG

Project Title: **SUBSTANCE ABUSE TREATMENT**

Function Category: ☒ **PATIENT-FOCUSED** ☐ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Care of Patients** Heading: **Programming**

Key Word(s): **Substance Abuse Treatment**

Contact Person: **Karen Sheppard, Ph.D.** Telephone Number: **(805) 468-2451**
Contact Person: **Patrice Powers, R.N.** Telephone Number: **(805) 468-2543**

Hospital: **Atascadero State Hospital**

Purpose: **To treat patient with substance abuse history with an intensive twelve-week course utilizing a twelve-step relapse prevention model and other accepted treatment concepts as determined by individual patient need.**

Brief Description: **With eleven staff consisting of psychiatric technicians, registered nurses, one psychiatric social worker and a clinical consulting psychologist, conduct a series of classes, six hours daily, five days per week. These groups are as prescribed by the Alcoholics Anonymous/Narcotics Anonymous Twelve Step Model with other interventions as indicated, integrated interdisciplinary initial assessment, treatment readiness, abuse awareness education and aftercare components are included. Mock meetings and three large AA/NA group meetings are provided as well as a sober socialization center, all of which parallel these support systems in the community. Two separate treatment tracks are available determined by the learning style and mental status of the patient members.**

Selection Basis/Criteria: **Dual diagnosed patients with substance abuse history with expressed motivation to attempt treatment are admitted pursuant to referral by Interdisciplinary Treatment Teams as an integrated part of overall treatment.**

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☒ **Manual**

☐ **Other _____**

DATE SUBMITTED: **October 8, 1998**

I. C. 5. 002

BEST PRACTICE CATALOG

Project Title: **MULTICULTURAL SERVICES**

Function Category: ☒ **PATIENT-FOCUSED** ☐ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Care of Patients** Heading: **Programming**

Key Word(s): **Multicultural Services**

Contact Person: **Ed Toney, SPT** Telephone Number: **(805) 468-2446**

Hospital: **Atascadero State Hospital**

Purpose: **Ethnically diverse patients admitted to a mental health treatment center may bring with them beliefs and cultural morals, which preclude acceptance of mental illness and raise barriers to the treatment process. Multicultural Services provides assessment and treatment activities to help patients become focused on treatment process.**

Brief Description: **Provide treatment which recognizes ethnic influences. Primarily utilized as a treatment readiness activity with added support groups. The goal is to enhance self esteem and thus influence otherwise negative thoughts and behaviors. Recognition of ethnically specific holidays and events of ethnic significance facilitate integration into the hospital milieu.**

Selection Basis/Criteria: **Patients otherwise unable to take part in scheduled treatment activities are referred by their interdisciplinary treatment teams, as part of their integrated treatment plan.**

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☒ **Manual**

☐ **Other:**

DATE SUBMITTED: **October 8, 1998**

I. C. 5. 003

BEST PRACTICE CATALOG

Project Title: **NEUROCOGNITIVE TREATMENT READINESS PROGRAM**

Function Category: ☒ **PATIENT-FOCUSED** ☐ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Care of Patients** Heading: **Programming**

Key Word(s): **Adaptive**

Contact Person: **Maria Diets-Stover** Telephone Number: **(805) 468-2446**

Hospital: **Atascadero State Hospital**

Purpose: **To assist patients with gross neurocognitive deficits develop skills that will allow them to be cognitively available to participate in treatment.**

Brief Description: **Three special education teachers, one dance therapist, one speech therapist, two speech aides and two clinical psychologists deliver services to the patients in the Neurocognitive Treatment Readiness Program. Patients are scheduled to attend four days a week. They move in groups of three through four 30 minute instructional modules and one 20 minute movement module on each of the four days. The program objectives are: (1) to enhance attentional functions, (2) to compensate for memory deficits, (3) to teach basic pragmatic and language skills, (4) to provide psychoeducation on neurocognitive processing strengths and weaknesses and teach appropriate compensatory strategies, (5) to address psychological problems that can emerge secondary to traumatic brain injury, (6) to offer training to treatment staff on rehabilitation needs of their patients, (7) to provide comprehensive evaluations and (8) to teach preliteracy and literacy skills with practical applications. The Neurocognitive Treatment Readiness Program staff meet weekly to review and assess progress towards the goals and objectives.**

Selection Basis/Criteria: **A patient who is selected for the project must: (1) undergo the hospital wide screening process and the neuropsychological and speech-language assessments, (2) have a congnitive dysfunction which was identified through the assessment procedures, (3) be referred to the project for treatment by his interdisciplinary team, and (4) personally be willing to undergo cognitive rehabilitation treatment.**

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☐ **Other : _____**

DATE SUBMITTED: September 17, 1998

I. C. 5. 004

BEST PRACTICE CATALOG

Project Title: **DANCE/MOVEMENT THERAPY**

Function Category: ☒ **PATIENT-FOCUSED** ☐ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Care of Patients** Heading: **Programming**

Key Word(s): **Self Awareness, Kinesthetic**

Contact Person: **Cynthia R. McCabe, DTR** Telephone Number: **(805) 468-2675**

Hospital: **Atascadero State Hospital**

Purpose: **To have patients involved with movement skills development opportunities which can develop coordination, interpersonal communication and appropriate interactions to help bridge their barriers to treatment.**

Brief Description: **To treat patients with psychomotor retardation and tension, depression, low self esteem, poor impulse control, poor social skills and/or a lack of self awareness. Patients will practice coordination, communication and social interaction. Also to provide culturally sensitive movement groups which focus on participant's positive feelings about their particular ethnic background helping to reestablish cultural esteem. The program includes culturally oriented music and movement exercises. This program is an approved clinical internship site for American Dance Therapy Association.**

Selection Basis/Criteria: **Patients are referred by ID Teams who identify physical, mental or emotional barriers to treatment, which are known to respond to dance and movement interventions.**

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☒ **Manual**

☒ **Other: Video Tape**

DATE SUBMITTED: October 9, 1998

I. C. 5. 005

BEST PRACTICE CATALOG

Project Title: **HEALTHY START FARMS**

Function Category: ☒ **PATIENT-FOCUSED** ☐ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Care of Patients** Heading: **Programming**

Key Word(s): **Horticulture Pre Vocational**

Contact Person: **Susan M. Christian** Telephone Number: **(805) 468-2675**

Hospital: **Atascadero State Hospital**

Purpose: **To teach the principles of healthy living using the natural world as the model. The patients learn the practical skills of gardening while also learning ways to improve their own health and well being to function in life.**

Brief Description: **Using a living classroom, any courtyard garden, experiencing and working together in the garden, basic skills are taught and practiced. Strengthening awareness of their relationship to their environment, the experience may enhance participation in other treatment modalities. The groups focus on four elements including mental, emotional, physical and spiritual health.**

Selection Basis/Criteria: **Patients who can benefit from multiple methods based in the garden. Clearance to work with gardening tools and be responsible in a group setting. Relevant for patients at functional levels ranging from entry to skilled.**

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☒ **Manual**

☐ **Other : _____**

DATE SUBMITTED: October 9, 1998

I. C. 5. 006

BEST PRACTICE CATALOG

Project Title: **SANTA'S WORKSHOP**

Function Category: ☒ **PATIENT-FOCUSED** ☐ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Care of Patients** Heading: **Programming**

Key Word(s): **Gifts, Support Systems**

Contact Person: **Larry Kessinger** Telephone Number: **(805) 468-2538/2024**

Hospital: **Atascadero State Hospital**

Purpose: **Patients cannot go into the community to shop. Santa's Workshop gives the patients a chance to select gift items to send home to family and/or friends during the holiday season. These gifts are free to the patients. They are donated by companies or purchased with funds raised by the hospital volunteers during the year.**

Brief Description: **The gym is transformed into a decorated mini-mall offering a wonderland of gift items. Volunteers take the patients around the workshop one-on-one to choose gifts for mom, dad, kids or friends. Each item is gift wrapped and tagged with the persons name it is intended for, and then gifts are boxed by patients and staff and mailed out through the post office in time for the holidays. Patients without family are encouraged to shop for the homeless. These gifts are delivered to the homeless shelter in mid-December.**

Selection Basis/Criteria: **Open to all hospital patients and available staff.**

The following items are available regarding this Best Practice:

☒ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☐ **Other : _____**

DATE SUBMITTED: **September 25, 1998**

I. C. 5. 007

BEST PRACTICE CATALOG

Project Title: **STEPPING STONES PROGRAM**

Function Category: ☒ **PATIENT-FOCUSED** ☐ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Care of Patients** Heading: **Programming**

Key Word(s): **Stepping Stones**

Contact Person: **Erma Aalund**
Katie Twohy, Ph.D.

Telephone Number: **(562) 409-7207**
(562) 409-7209
Fax: **(562) 863-8691**

Hospital: **Metropolitan State Hospital**

Purpose:

The purpose of the Stepping Stones Program is to provide the adult clients of Metropolitan off unit treatment that will:

- **Supplement the treatment that is provided by the client's residential unit treatment team;**
- **Advance the hospital's mission by teaching skills that will enable the clients to function safely and more successfully in the community;**
- **Enhance their quality of life;**
- **Reduce recidivism.**

Brief Description:

Stepping Stones is the "umbrella" under which the following programs are provided:

- ❖ **1 Step** **Stepping Stones "Beginner Program"**
- ❖ **SSEAC** **Stepping Stones Educational Activity Center**
- ❖ **PHP** **Stepping Stones Partial Hospitalization Program**

The Stepping Stones program will provide adults who suffer from a mental disorder with the following:

- ♦ **Individualized, comprehensive, multidisciplinary, social skills training;**
- ♦ **Pre-vocational training skills;**
- ♦ **Group and individual psychotherapy.**

Using the 3 programs (1 Step, SSEAC, and PHP), the clients will receive education, training, and psychotherapy, which will assist them in the definition and achievement of reasonable, understandable, measurable, behavioral, and attainable goals which will prepare them to achieve and maintain their maximum level of functioning and function safely in the least restrictive environment.

Selection Basis/Criteria:

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☐ **Other : _____**

DATE SUBMITTED: **October 13, 1998**

BEST PRACTICE CATALOG

Project Title: **SPANISH SPEAKING PROGRAM "LA FAMILIA"**

Function Category: ☒ **PATIENT-FOCUSED** ☐ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Care of Patients** Heading: **Programming**

Key Word(s): **Cultural Competence**

Contact Person: **Bob Crane, P.D.** Telephone Number: **(562) 863-7011 ext 4317**

Hospital: **Metropolitan State Hospital**

Purpose: **The Spanish Speaking Program at Metropolitan State Hospital was developed to provide treatment for patients whose primary language is Spanish and/or whose primary culture identification is with a Spanish speaking country. The patient population represents various nationalities including those from Mexico, Central and South America, and the United States.**

Brief Description: **The goal of this culturally therapeutic environment is to lessen the shock of hospitalization, reduce the patient's symptoms and prepare the patient for re-entry into the community. The program is based upon the premise that this culturally therapeutic environment will help reduce the feelings of fear and isolation through communication, acceptance and inclusion in a familiar therapeutic milieu.**

Selection Basis/Criteria: **LPS Hispanic patients over the age of 18 who have chronic psychiatric impairment and moderate to severely impaired adaptive functioning.**

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☐ **Other : _____**

DATE SUBMITTED: **October 13, 1998**

BEST PRACTICE CATALOG

Project Title: **WHEELCHAIR CLEANING PROJECT – PENAL CODE COMPOUND**

Function Category: ☒ **PATIENT-FOCUSED** ☐ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Care of Patients** Heading: **Programming**

Key Word(s): **Vocational Training**

Contact Person: **Orlando Aponte** Telephone Number: **(562) 651-4311**

Hospital: **Metropolitan State Hospital**

Purpose:

1. To develop appropriate work related skills that will help patients re-enter the community (i.e. appropriate dress, grooming, working cooperatively with others, following directions, staying focused on work expectation, etc.).

2. To explore occupational possibilities and expand personal knowledge base. In this setting, patients work under the supervision of Housekeeping and learn the proper utilization of steam cleaning equipment, procedure for proper sanitation of items (wheelchairs, IV stands, and other portal medical equipment) and safety procedures for use of steam cleaning equipment and disinfectant.

3. Enhance self-esteem through successful completion of work and the realization that they can function successfully and earn wages.

Brief Description:

Training is facilitated through the Housekeeping department, two times per week, two hours per shift. The housekeeping department retrieves items for sanitation from the SNF Program and delivers them to the penal code compound. The work crew is assembled and escorted to the work site where they unload the items from the housekeeping truck and sanitize them. When all items are clean, they are reloaded on the housekeeping truck and then housekeeping returns equipment to their proper locations.

Selection Basis/Criteria:

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☐ **Other : _____**

DATE SUBMITTED: **October 13, 1998**

I. C. 5. 010

BEST PRACTICE CATALOG

Project Title: **PRECIOUS PETALS FLOWER PROJECT**

Function Category: ☒ **PATIENT-FOCUSED** ☐ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Care of Patients** Heading: **Programming**

Key Word(s): **Flowers/Work Training Program**

Contact Person: **Orlando Aponte** Telephone Number: **(562) 651-4311**

Hospital: **Metropolitan State Hospital**

Purpose: **To provide a work training opportunity for LPS and penal code patients. To enhance self-esteem through successful completion of work activity and earnings.**

Brief Description: **Donated flowers are delivered to the Work Activity Center, where work crews arrange and package flowers. The flowers are then displayed by the patients at various locations throughout the facility. Patients receive donations for their flower arrangements from units and administrative offices throughout the facility. Money received from donations are distributed to the work crews. Remaining or damaged flowers are hung for drying and then utilized for arts and crafts projects.**

Selection Basis/Criteria:

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☐ **Other : _____**

DATE SUBMITTED: **October 13, 1998**

BEST PRACTICE CATALOG

Project Title: **OFF-UNIT ACTIVITY PROGRAM**

Function Category: ☒ **PATIENT-FOCUSED** ☐ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Care of Patients** Heading: **Programming**

Key Word(s): **Therapy activities**

Contact Person: **Denise P. Bates, Program Director, Program II** Telephone Number: **(562) 651-4423**

Hospital: **Metropolitan State Hospital**

Purpose: **To provide Program II patients with therapeutic groups and activities designed to enhance competencies in a wide variety of social and independent living skills.**

Brief Description: **The Off-Unit Activities Program is designed to provide social skills training for twenty Program II patients who may not fully meet the criteria for the hospital's Partial Hospitalization Program. Providers from every clinical discipline provide services. They conduct groups in such areas as anger management, communication, conversation skills, creative expression, medication and symptom management, problem solving, and substance abuse. With the exception of the unit daily community meetings, patients are assigned to a small group during three blocks of treatment time, separated by breaks, Monday through Friday. Staff is drawn from Program II personnel.**

Selection Basis/Criteria:

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☒ **Manual**

☐ **Other :** _____

DATE SUBMITTED: **October 8, 1998**

I. C. 5. 012

BEST PRACTICE CATALOG

Project Title: **ANIMAL ASSISTED THERAPY**

Function Category: ☒ **PATIENT-FOCUSED** ☐ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Care of Patients** Heading: **Programming**

Key Word(s): **Animal Therapy**

Contact Person: **Penny Armato** Telephone Number: **(562) 651-4309**

Hospital: **Metropolitan State Hospital**

Purpose: **The use of animals as a therapy is recognized as a valid form of treatment with the mentally ill. Utilization of this program has been available in our skilled nursing units, children and adolescent treatment center, oasis community center, psychosocial rehabilitation unit, and physical therapy program.**

Brief Description: **The training for this program is facilitated by the "Create a Smile" Animal Assisted Therapy Team. This non-profit organization provides an 8-hour in-service training and evaluation of the volunteer and their animal. The volunteer then completes a background clearance, orientation to the facility and supervised placement in the hospital.**
To ensure the health and safety of all patients, staff, volunteers, and animals involved in the AAT program, strict adherence to procedures shall be followed. Visits occur on a regular basis with direct staff supervision; documentation of the hours and evaluation are maintained. Polaroid photos are taken with the patient and the animal during the visit.

Selection Basis/Criteria:

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☐ **Other : _____**

DATE SUBMITTED: October 13, 1998

I. C. 5. 013

BEST PRACTICE CATALOG

Project Title: **"ART IN MENTAL HEALTH"**

Function Category: ☒ **PATIENT-FOCUSED** ☐ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Care of Patients** Heading: **Programming**

Key Word(s): **Art Therapy**

Contact Person: **Yvonne Cherbak** Telephone Number: **(562) 651-4246**

Hospital: **Metropolitan State Hospital**

Purpose: **To bring a fine art education, experience and process to the clients of Metropolitan State Hospital. Metropolitan State Hospital has both adult and juvenile programs.**

Brief Description: **A full program of fine art workshops taught by professional artists. The workshops include experiences in music, visual arts, creative writing, poetry, theater and three-dimensional art. Clients also display their art work in many yearly exhibits throughout the state. Their art work has been exhibited at the Angels Gate Cultural Center, San Pedro; the Muchenthaler Cultural Arts Center, Fullerton; the Bateson Building, Sacramento; the State Franchise Tax Board, Sacramento; and an annual art exhibit at the Art Studio at Metropolitan State Hospital, Norwalk. The project was formerly carried out at Napa State Hospital. The children and project were transferred to Metropolitan State Hospital.**

Selection Basis/Criteria:

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☐ **Other : _____**

DATE SUBMITTED: **October 13, 1998**

I. C. 5. 014

BEST PRACTICE CATALOG

Project Title: **COMPETENCY TRAINING DEVELOPMENTAL DISABILITIES**

Function Category: ☒ **PATIENT-FOCUSED** ☐ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Care of Patient** Heading: **Programming**

Key Word(s): **Competency**

Contact Person: **Gary Snethen, Ph.D.** Telephone Number: **(707) 253-5475**

Hospital: **Napa State Hospital**

Purpose: **Court Competency Training provides information relevant to individuals who are determined, by a court, to be incompetent to stand trial. The information enables clients to actively participate in their own defense. In addition, trainers provide reports to the committing court on progress of clients throughout their treatment.**

Brief Description: **The training is provided over a 14-week period. Material is presented in a variety of ways. Lectures combined with group discussion, focus on client experiences in court to increase their understanding of the court system. Individual instruction ensures that the special learning needs of each client are addressed. Frequent testing assists instructors in their assessment of client learning abilities. All clients who are committed under Penal Code Section 1370.1 are required to participate in competency training.**

Selection Basis/Criteria: **Court competency training for developmentally disabled clients is a new and exciting challenge. Staff have expanded curriculum and routinely add new training techniques to further meet the needs of clients served.**

The following items are available regarding this Best Practice:

☐ **Photographs** ☒ **Video Tape** ☐ **Drawings** ☒ **Manual**

☐ **Other : _____**

DATE SUBMITTED: **October 19, 1998**

I. C. 5. 015

BEST PRACTICE CATALOG

Project Title: **GAINS THERAPEUTIC COMMUNITY-FORENSIC DEVELOPMENTAL DISABILITIES**

Function Category: ☒ **PATIENT-FOCUSED** ☐ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Care of Patient** Heading: **Programming**

Key Word(s): **Sex Offender Treatment**

Contact Person: **Char Schultz, Ed.D.** Telephone Number: **(707) 253-5508**

Hospital: **Napa State Hospital**

Purpose: **The GAINS Therapeutic Community treatment services provide cognitive behavior therapy for clients who have been committed as a result of sexual offenses.**

Brief Description: **The treatment focuses on specific goals which are related to the offense cycle. Clients participate in therapy groups (Core Groups) led by psychologists and general discussion groups (Collateral Groups) led by licensed unit staff. GAINS treatment goals remain a continual focus throughout the day, in all aspects of the client's treatment plan. Clients who have committed a sexual offense, who are able to participate in therapy groups (i.e., function in the moderate to borderline range of mental retardation) are involved in GAINS treatment. Some individuals may require an initial focus in behavioral areas before involvement in GAINS.**

Selection Basis/Criteria: **GAINS provides an excellent treatment modality for sexual offenders. The goals are measurable and realistic to clients served. Establishing clear, measurable goals enables the therapist to provide a comprehensive, accurate assessment of clients served.**

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☒ **Manual**

☐ **Other _____**

DATE SUBMITTED: **October 19, 1998**

I. C. 5. 016

BEST PRACTICE CATALOG

Project Title: **VETERANS IN PATTON (VIP)**

Function Category: ☒ **PATIENT-FOCUSED** ☐ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Care of Patients** Heading: **Programming**

Key Word(s): **Veterans**

Contact Person: **Pete McLaughlin, P.T.** Telephone Number: **(909) 425-7364**

Hospital: **Patton State Hospital**

Purpose: **Development of a unique partnership between the State Hospital and the V.A. to provide a specialized mental health treatment program.**

Brief Description: **Promote a positive self-image through the focus on the patient's identity as a veteran, a positive tour of duty, establish a positive attitude, and increase in self-esteem.**

Selection Basis/Criteria:

The following items are available regarding this Best Practice:

☐ **Photographs** ☒ **Video Tape** ☐ **Drawings** ☒ **Manual**

☐ **Other : _____**

DATE SUBMITTED: **October 19, 1998**

I. C. 5. 017

BEST PRACTICE CATALOG

Project Title: **BEYOND THE LEVEL SYSTEM GROUP**

Function Category: ☒ **PATIENT-FOCUSED** ☐ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Care of Patients** Heading: **Programming**

Key Word(s): **Discharge Readiness**

Contact Person: **Janet Hosokawa, L.C.S.W.** Telephone Number: **(909) 425-6177**

Hospital: **Patton State Hospital**

Purpose: **Group work with a goal of strengthening interpersonal relationship skills toward effective discharge readiness over time.**

Brief Description: **The name sets the tone that the group focus is to use to look beyond the past and present toward a visualized future, be it 1) Community Outpatient Treatment (COT) or less restrictive setting for the first time; or 2) return to COT.**
Beyond the Level System Group is divided into 2 separate sessions: 1) Tuesday groups meet to explore factors of effective relapse prevention awareness for those who have never been on COT; 2) Friday group meets to explore factors of effective relapse prevention awareness for those who have previously experienced COT, revocation and/or re-hospitalization.

Selection Basis/Criteria:

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☐ **Other : _____**

DATE SUBMITTED: **October 19, 1998**

I. C. 5. 018

BEST PRACTICE CATALOG

Project Title: **CLINICAL MANAGEMENT COMMITTEE (CONSULTATION TEAM)**

Function Category: ☒ **PATIENT-FOCUSED** ☐ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Care of Patients** Heading: **Programming**

Key Word(s): **Patient Management; Behavior Management; Restraint and/or Seclusion**

Contact Person: **William H. McGhee, M.D.** Telephone Number: **(909) 425-7922**

Hospital: **Patton State Hospital**

Purpose: **To provide the treatment team a multi-disciplinary consultation regarding difficult to treat patients. Patients often have necessitated restraints and/or seclusion.**

Brief Description: **This multi-disciplinary consultation team deals with a variety of cross-discipline evaluation and treatment complexities. The consultation team meets with the Interdisciplinary Treatment Team (IDT) on the patient's home unit, reviews the specific treatment problems, interviews the patient, and, with the IDT, develops treatment recommendations which often include psychopharmacologic and behavioral components. The consultation team is comprised of 13 experienced mutli-disciplinary clinicians, is headed by a psychiatrist and includes a behavioral psychologist, a psychiatrist, and a psychopharmacologist.**

Selection Basis/Criteria:

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☐ **Other :** _____

DATE SUBMITTED: **October 16, 1998**

I. C. 5. 019

CALIFORNIA DEPARTMENT OF Mental Health

LTCS BEST PRACTICE CATALOG SUBMISSION

Project Title: The Diabetic Program

Function Category:

[X] **PATIENT-FOCUSED** [ ] **ORGANIZATION** [ ] **STRUCTURES**

Sub-category(s): (C) Care of Patients & (D) Education **Heading**: (C5) Programming & (D1) Patient

Contact Person: Michelle Reid-Proctor, MD **Telephone Number:** (909) 425-6274

Hospital: Patton State Hospital

The following items are available regarding this Best Practice:

[ ]	[ ]	[ ]	[X]
Photographs	**Video Tape**	**Drawings**	**Manual**

1. **SELECTION OF PROJECT/PROCESS AREA (Describe how and why your team selected this project/process area for improvement.):**

Unit staff evaluation of all units at Patton State Hospital revealed poor compliance in the diabetic patient population with diet restrictions due to a lack of patient education.

2. **UNDERSTANDING EXISTING CONDITION WHICH NEEDS IMPROVEMENT (Describe the relationship of your project to your goals for improvement, and describe current process performance.):**

Goal of the diabetes Program was to provide a formal mechanism for patient education about the risks of uncontrolled diabetes and to provide a melieu of support for these patients within their peers with diabetes.

3. **ANALYSIS (Describe how the problem was analyzed.):**

4. **IMPLEMENTATION (Describe your implementation of the solution.):**

The program is of 5-½ weeks (decreased from 7 weeks) duration for 6 hours per week, with an additional 1 hour mandatory support group while cycle is in session. The program has ongoing support groups held weekly for 1 hour per week.

Patient outcome tools include glycated hemoglobin laboratory results before and after the program, and a test of patient knowledge about diabetes given before and after completion of each cycle.

5. RESULTS (Demonstrate that an improvement has occurred as a result of the project/process area implementation.):

Patients participating in the diabetes program have had improvement in blood sugar control after the program.

	Mean	Standard Deviation	T Value	P value	N
PRE TEST	15.94	2.949			54
POST TEST	19.14	2.930	-6.284	**0.00000**	44
PRE HBA1C	9.74	2.641			48
POST HBA1C	8.42	2.052	3.796	**0.00076**	38
ATTEND	0.84	0.147	18.440	**0.00000**	16

Evaluation of outcome of the program have showed statistically significant ($P<0.05$) improvement in both blood sugar control and patient knowledge about diabetes after completion of the program.

6. LEARNING (Describe what the team learned and how they used those lessons to continuously improve the success of this Best Practice.):

The diabetes program has completed 7 cycles. During this time, the team has learned that patients improve in blood sugar management with patient education. Impediments to improvement include patient unwillingness to participate. With unit staff education and the inclusion of diabetic education in the formal treatment plan, patients are more likely to attend a diabetic education group. The provision of a forum for diabetic patients to meet and discuss concerns can provide a therapeutic environment and improve compliance with diabetic regimens.

BEST PRACTICE CATALOG

Project Title: **HISPANIC UNIT**

Function Category: ☒ **PATIENT-FOCUSED** ☐ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Care of Patients** Heading: **Programming**

Key Word(s): **Monolingual, Spanish**

Contact Person: **Faye Owen, M.D.** Telephone Number: **(909) 425-7368**

Hospital: **Patton State Hospital**

Purpose: **To provide care and treatment to adult male and female monolingual, Spanish speaking patients who are identified as requiring treatment in the Spanish language.**

Brief Description: **Patients are provided treatment activities and groups in Spanish regardless of legal commitment. Patients may be directly admitted from admission suite, or they may be referred for placement from other units within the hospital.**

Selection Basis/Criteria:

The following items are available regarding this Best Practice:

☐ **Photographs** ☒ **Video Tape** ☐ **Drawings** ☒ **Manual**

☐ **Other : _____**

DATE SUBMITTED: **October 13, 1998**

BEST PRACTICE CATALOG

Project Title: **HORTICULTURE THERAPY PROGRAM**

Function Category: ☒ **PATIENT-FOCUSED** ☐ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Care of Patients** Heading: **Programming**

Key Word(s): **Therapeutic - Avocation**

Contact Person: **Tim Turley, S.V.S.** Telephone Number: **(909) 425-7872**

Hospital: **Patton State Hospital**

Purpose: **To provide positive educational and therapeutic experience to patients interested in learning basic horticulture and gardening practices. The entire experience serves to improve self-esteem, provide a positive outlet for depression and anger, and to learn important vocational skills for future employment.**

Brief Description: **The Horticulture Therapy Program provides formal instruction and hands-on experience in horticulture science, greenhouse management, gardening practices, agriculture, and the basic elements of producing and selling produce and ornamental plants to the public. Funds raised from the sale of produce are recycled into the program. Patients participate fully in program planning, cost/benefit analysis, and quality improvement.**

Selection Basis/Criteria:

The following items are available regarding this Best Practice:

☐ **Photographs** ☒ **Video Tape** ☐ **Drawings** ☐ **Manual**

☐ **Other : _____**

DATE SUBMITTED: **October 19, 1998**

I. C. 5. 022

BEST PRACTICE CATALOG

Project Title: **MOTHER-CHILD RELATIONSHIP GROUP**

Function Category: ☒ **PATIENT-FOCUSED** ☐ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Care of Patients** Heading: **Programming**

Key Word(s): **Infanticide**

Contact Person: **Cathy Sink, Ph.D.** Telephone Number: **(909) 425-7850**

Hospital: **Patton State Hospital**

Purpose: **To provide a psychotherapeutic intervention to a group of women who are committed to a state forensic mental hospital following killing or seriously injuring one or more of their children.**

Brief Description: **The Mother-Child Relationship Group is a process-oriented psychotherapy group in which the participants work in an atmosphere of mutual support to increase their insight into the nature of their mental illness and its relationship to their crime and to work through the emotional consequences of having killed or seriously injured their child.**

Selection Basis/Criteria:

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☐ **Other : _____**

DATE SUBMITTED: **October 19, 1998**

I. C. 5. 023

CALIFORNIA DEPARTMENT OF Mental Health

LTCS BEST PRACTICE CATALOG SUBMISSION

Project Title: Video Productions Training Program (VPTP)

Function Category:

[X] **PATIENT-FOCUSED** [ ] **ORGANIZATION** [ ] **STRUCTURES**

Sub-category(s): (C) Care of Patients **Heading:** (5) Programming

Contact Person: Brad Ummel, R.T. **Telephone Number:** (909) 425-7507

Hospital: Patton State Hospital

The following items are available regarding this Best Practice:

[ ]	[X]	[ ]	[ ]
Photographs	**Video Tape**	**Drawings**	**Manual**

1. **SELECTION OF PROJECT/PROCESS AREA (Describe how and why your team selected this project/process area for improvement.):**

The need of this program was twofold: 1) Many patients were unable to attend Hospital-Wide events due to behavioral issues or being away from the hospital. This program could videotape events which could be viewed by others at his/her convenience and 2) Education/vocational opportunities in the area of television production could offer patients new opportunities to learn a variety of skills ranging from computers to taping/editing final video products.

2. **UNDERSTANDING EXISTING CONDITION WHICH NEEDS IMPROVEMENT (Describe the relationship of your project to your goals for improvement, and describe current process performance.):**

For some of our patient's traditional therapeutic methods such as talk therapy is not effective for a variety of reasons. Alternative therapies such as Video Production offer patients a wide range of opportunities such as socialization and vocational skills for future career opportunities. This program offers participants an opportunity to express emotions in the art of video. This program allows patients to actually create his/her own video.

Video Production is an education program and can (has) led to needed career opportunities for patients when they leave in our facility.

3. **ANALYSIS (Describe how the problem was analyzed.):**

Analysis of this program involved many changes of Program Coordinators. The program was initiated before Q.I. was instituted at our facility. However, one Q.I. issue that surfaced after the program was in

place was that hospital staff needed opportunities to complete mandatory training at times when the training was not offered or without needing to request overtime. Video Productions began to produce training videos which could be watched at any time and provide quality training when staff were available.

4. IMPLEMENTATION (Describe your implementation of the solution.):

The Video Production Training Program (VPTP) was started in 1991 by a Music Therapist who saw an opportunity to create a program, which offered patients an opportunity to utilize a unique therapeutic modality and gain vocational/educational experience.

- The program also offers an Industrial Therapy program in which employed patients can further their education and experience.
- The VPTP also initiated "Viewfinder" videos, which spotlighted new and/or current programs available for patients in our hospital. Viewfinders infomercial videos provided excellent promotion awareness for all patients/staff.

5. RESULTS (Demonstrate that an improvement has occurred as a result of the project/process area implementation.):

So far the VPTP has produced approximately 200 master videos. Of theses 200 master videos, approximately 10 of them would serve as training videos, 50 or so are relative to patient education and/or informational, others are patient projects completed for the education curriculum requirements and the rest are related to tapings of various Hospital events.

6. LEARNING (Describe what the team learned and how they used those lessons to continuously improve the success of this Best Practice.):

Innovative programs can offer a variety of products. In the case of the VPTP products for patients and staff consist of videos.

Unique treatment modalities can be more engaging for some patients in which traditional forms of treatment may not be appealing. This also in turn open doors for patients to become more engaged in overall treatment.

BEST PRACTICE CATALOG

Project Title: **UNDERSTANDING PEDOPHILIA – A THERAPY GROUP FOR PEDOPHILES**

Function Category: ☒ **PATIENT-FOCUSED** ☐ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Care of Patients** Heading: **Programming**

Key Word(s): **Pedophilia**

Contact Person: **Jaidev Madgulkar, L.C.S.W.**
Craig Tucker, P.S.W.
Telephone Number: **(909) 425-7933**

Hospital: **Patton State Hospital**

Purpose: **To enable group members to understand their behaviors, accept responsibility, develop victim empathy, and a workable relapse prevention plan.**

Brief Description: **This group utilizes group interaction to gain insight into the problem, understand how society views pedophilia and the reasons for their perceptions. The group also has a psycho-educational component to develop a better understanding of the relapse process and the specific steps that can be taken to prevent relapse. Patients must have an Axis 1 diagnosis of Pedophilia or have committed offenses of a sexual nature against children, and are expected to have symptoms sufficiently in remission to be able to process group material.**

Selection Basis/Criteria:

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☐ **Other : _____**

DATE SUBMITTED: **October 16, 1998**

I. C. 5. 025

BEST PRACTICE CATALOG

Project Title: **TIMELINE**

Function Category: ☒ **PATIENT-FOCUSED** ☐ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Care of Patients** Heading: **Programming**

Key Word(s): **Timeline; Psychotherapy tool**

Contact Person: **Janet Hosokawa, L.C.S.W.** Telephone Number: **(909) 425-6177**

Hospital: **Patton State Hospital**

Purpose: **Basic to goal-oriented psychotherapy in an in-patient forensic hospital and residential treatment center is the patient's use of his own history. The TIMELINE helps the patient visualize the interplay of all-psychosocial factors and support exploration and disclosure.**

Brief Description: **The TIMELINE is a tool used in individual psychotherapy with the forensic patients by the therapist. Three lines of development compose one axis: 1) physical landmarks (i.e., puberty); 2) interpersonal landmarks; 3) events – imposed or self-activated, and chronological age, the other axis. All patients benefit from the use of a serious exploration of one's own history. The information is amplified by the social worker for the annual social history evaluation updates. The TIMELINE as a tool is used clinically to melt resistance, to confirm knowledge of past stressors and to create an effective relapse prevention plan.**

Selection Basis/Criteria:

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☐ **Other : _____**

DATE SUBMITTED: **October 19, 1998**

I. C. 5. 026

BEST PRACTICE CATALOG

Project Title: **PATIENT EVALUATION: A PATIENT WRITTEN LETTER OF CONCLUSION**

Function Category: ☒ **PATIENT-FOCUSED** ☐ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Care of Patients** Heading: **Programming**

Key Word(s): **Treatment Outcome**

Contact Person: **Carl Viesti, Jr., Ph.D.** Telephone Number: **(707) 449-6593 ext. 2981**

Hospital: **Vacaville Psychiatric Program**

Purpose: **To provide the patient with the opportunity and method of crystallizing his treatment experience and assist the staff in obtaining potentially useful patient feedback information.**

Brief Description: **Patient composes a letter of conclusion, with staff assistance as needed, which summarizes his treatment experience. Patient is encouraged to describe both positive and negative aspects during his course of treatment. Patient also completes an objective feedback form. Treatment staff completes an evaluation form judging the patient's responses to treatment and states prognosis.**

Selection Basis/Criteria: **All patients nearing discharge from the Intermediate Treatment Program. Staff provides guidance through the letter of conclusion process. Patient is given a procedural page describing the task.**

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☒ **Other : A brief descriptive page is available**

DATE SUBMITTED: October 8, 1998

I. C. 5. 027

BEST PRACTICE CATALOG

Project Title: **PROGRAM EVALUATION AND RESEARCH PROJECT**

Function Category: ☒ **PATIENT-FOCUSED** ☐ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Care of Patients** Heading: **Programming**

Key Word(s): **Program Evaluation**

Contact Person(s): **Myla Young/Jerald Justice** Telephone Number: **(707) 449-6594**

Hospital: **Vacaville Psychiatric Program**

Purpose: **The initial purpose of this project was to provide a description of the population being served by the Vacaville Psychiatric Program (VPP). When VPP was established in 1988, information as to who would be served was limited, and based on theoretical beliefs of the population to be served. After a brief time, it was clear that theoretical beliefs were only partially accurate, and an empirical description of the population was needed in order to implement effective treatment programs. The current program evaluation and research project was developed and, once approved by the Statewide Human Subjects Committee, was initiated in 1994.**

Brief Description: **In order to obtain an empirical description of individuals being served, inmates/patients (I/P's) were randomly selected from admission roles. Those I/P's who provided informed consent were administered a comprehensive psychological/neuropsychological battery which included record reviews, semi-structured interviews, drug use interview, neuropsychological testing: Rorschach, MMP12, and Psychopathy Checklist-Revised. When 75 subjects had participated in the project, data was analyzed, a description of the population was developed, and a treatment program (Core Treatment Program) was developed to meet the needs of this specific population. Additionally, based on this empirical description of the population, a treatment outcome measure was developed. Analyses of this measure demonstrate significant improvement from admission to discharge in all 16 areas of functioning evaluated.**

Selection Basis/Criteria: **This project continues, and approximately 200 I/Ps have participated. Data was initially used to develop treatment interventions. This information, however, has also been used in other ways (recidivism, restraint and seclusion, risk factors for violence, subpopulation of I/Ps admitted from Pelican Bay State Prison, planning for conversion of Camarillo State Hospital, planning for development of intermediate treatment program, understanding psychopathy, etc.) The data has also been merged with the treatment outcome measure as part of the validation process for this instrument.**

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☒ **Other : Summaries of Analyses and Reprints from publications**

DATE SUBMITTED: **October 14, 1998**

I. C. 5. 028

CALIFORNIA DEPARTMENT OF Mental Health

LTCS BEST PRACTICE CATALOG SUBMISSION

Project Title: Clinical Pathway Concept

Function Category:

[X] **PATIENT-FOCUSED** [ ] **ORGANIZATION** [ ] **STRUCTURES**

Sub-category(s): Care of Patient **Heading: Programming**

Contact Person: Mike Hughes, RN Assist. PD **Telephone Number: 805-468-2069**

Hospital: Atascadero State Hospital

The following items are available regarding this Best Practice:

☒ **Sample Pathway Form**

[ ] **Photographs** [ ] **Video Tape** [ ] **Drawings** [ ] **Manual**

1. **SELECTION OF PROJECT/PROCESS AREA (Describe how and why your team selected this project/process area for improvement.):**

   There are 5 phases and many components that comprise the Sexual Offender Commitment Program (SOCP) treatment regimen. Patients each move through the 5 phases at different rates and tracking their progress is made more complex by the fact that some patients resist and refuse to engage in some treatment activities.

2. **UNDERSTANDING EXISTING CONDITION WHICH NEEDS IMPROVEMENT (Describe the relationship of your project to your goals for improvement, and describe current process performance.):**

   Many disciplines treat the patient and each of those, need to know the status of the patient's participation in therapy. It is difficult to assess at a glance a patient's status of participation or completion of the many program requirements.

3. **ANALYSIS** **(Describe how the problem was analyzed.):**

As new units came on line in the SOCP program, and patients were transferred between units, clinicians experienced frustrations with an inability to readily determine where a patient was in the complex phases of the treatment process.

4. **IMPLEMENTATION** **(Describe your implementation of the solution.):**

Mike Hughes, the SOCP Program Assistant developed a "Clinical Pathway" tool to document the patient's progress through the required treatment components. The tool is titled **The SOCP Checklist** and is structured in a relatively chronological order that details each of the 5 treatment phases and each of the components within the phases. When a patient completes a component, a clinician verifies the achievement on the SOCP Checklist and signs and dates the checklist. The checklist is printed on heavy card-stock and kept topmost in the SOCP section of the chart for easy and reliable access.

5. **RESULTS** **(Demonstrate that an improvement has occurred as a result of the project/process area implementation.):**

Treatment staff can look at the topmost page of the SOCP section of a chart and see at a glance the patient's progress through the treatment program. The various psychological assessments and narrative clinical progress notes are still imperative in making clinical conclusions about the patient's health status and the efficacy of the treatments.

6. **LEARNING** **(Describe what the team learned and how they used those lessons to continuously improve the success of this Best Practice.):**

The hospital has learned that this clinical pathway concept may be used effectively in other treatment settings. We have also learned that patient's may attempt to use the presence of their completed checklists claim that they are "done" with their therapy while they may not have made the necessary internal, personality or behavioral changes required of them. The checklist is simply a visual tool for clinicians to check for a patients completed assignments

CALIFORNIA DEPARTMENT OF Mental Health

LTCS BEST PRACTICE CATALOG SUBMISSION

Project Title: : **MDO Parole Revocation Guidelines**

Function Category:

☒ **PATIENT-FOCUSED** ☐ **ORGANIZATION** ☐ **STRUCTURES**

Sub-category(s): Care of Patient **Heading: Programming**

Contact Person: Charlotte Gaca, PhD **Telephone Number: 805-468-2837**

Hospital: **Atascadero State Hospital**

The following items are available regarding this Best Practice:

☒ **Written Guidelines**

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

1. **SELECTION OF PROJECT/PROCESS AREA (Describe how and why your team selected this project/process area for improvement.):**

The MDO patients (commitment codes 2962 & 2964) come to the Dept. of Mental Health from the Dept. of Corrections with the status of "on Parole." On the occasions when they engage in criminal activity during their DMH hospital stay, their "parole" status may be revoked and they may be sent back to the Dept. of Corrections. Hospital clinicians evaluate the patient and make recommendations regarding revocation to the Board of Prison Terms. The process requires that a distinction be made between behavior caused by mental illness and behavior that is simply dangerous or criminal. Often this distinction is difficult to make in this patient population but it is important and fundamental to the revocation process

2. **UNDERSTANDING EXISTING CONDITION WHICH NEEDS IMPROVEMENT**
(Describe the relationship of your project to your goals for improvement, and describe current process performance.):

Clinicians were in the position of making recommendations to revoke parole with minimal, standardized guidelines to help them through the decision process. They were left to make this critical decision with their own individual and subjective assessments. When clinicians were uninformed about the revocation process they were unable to accurately assess and recommend who should be revoked and who should not. In addition if they were unable to adequately argue for a needed revocation, Treatment Units were left with a criminal, problematic, disruptive patient that affected the entire treatment milieux.

3. **ANALYSIS** **(Describe how the problem was analyzed.):**

Persistent confusion and complaints from staff indicated a need for a standardized process. It was clear that some questions should routinely be explored to make the best assessment and recommendation.

4. **IMPLEMENTATION** **(Describe your implementation of the solution.):**

A QAT was formed to develop guidelines for clinical staff to help ensure a sound, uniform, standardized, assessment and recommendation process for parole revocation. The document guides staff through a complex series of questions and clinical judgments. The QAT used as its foundation, 1) the information they knew that the Board of Prison Terms required to evaluate a revocation and, 2) a structure for ASH staff to incorporate their clinical experiences into their recommendations. The criteria in the guidelines was approved by the Forensic Service PMT and the Quality Council and distributed to clinicians for use.

5. **RESULTS** **(Demonstrate that an improvement has occurred as a result of the project/process area implementation.):**

When the occasion arises where MDO parole revocation is desired the guidelines lead clinical staff through a set of questions to help them uniformly determine the appropriateness of the recommendation to revoke parole in a fashion consistent throughout the hospital.

6. **LEARNING** **(Describe what the team learned and how they used those lessons to continuously improve the success of this Best Practice.):**

The use of the guidelines helps to eliminate poorly thought-out recommendations and has preserved credibility for ASH with Parole and the Broad of Prison Terms, as they have come to expect logical and sound proposals. In addition, patient care is enhanced, by reducing the likelihood that a recommendation might be made through sheer frustration with a difficult-to-treat patient.

CALIFORNIA DEPARTMENT OF Mental Health

LTCS BEST PRACTICE CATALOG SUBMISSION

Project Title: Skills Training Modules

Function Category:

[X] **PATIENT-FOCUSED** [ ] **ORGANIZATION** [ ] **STRUCTURES**

Sub-category(s): Care of patient **Heading: Programming**

Contact Person: Gary Renzaglia PhD **Telephone Number: 805-468-2077**

Hospital: Atascadero State Hospital

The following items are available regarding this Best Practice:

[ ] **Photographs** [ ] **Video Tape** [ ] **Drawings** [X] **Manual**

1. **SELECTION OF PROJECT/PROCESS AREA (Describe how and why your team selected this project/process area for improvement.):**

In 1987, Program VI created a Treatment Design Team to critically exam the BPSR deficits of its 162 MDO patients and to identify those treatment foci most likely to improve patient survival in their post-discharge settings. Consistent with a skill-training model of treatment delivery, the design team identified a series of treatment groups to target the identified critical survival skills. On reviewing groups delivered across the four units of the Program, it was clear that quality, structure, and reliability of the groups varied dependent on leader orientation and training. Evaluating group outcomes and relating outcomes to post-discharge adaptation were next to impossible. New group leaders were spending large amounts of time to develop group outlines and protocols. The inefficiency of the practice and the desire to create a treatment delivery which could be systematically evaluated and revised based on empirical evidence led to a plan to standardize and manualize our basic BPSR skill-training groups.

2. UNDERSTANDING EXISTING CONDITION WHICH NEEDS IMPROVEMENT

(Describe the relationship of your project to your goals for improvement, and describe current process performance.):

Program goals were as follows:

- Locate the best skill-building modules available to address patient deficits.
- Develop modules where necessary
- Pilot modules and assess effectiveness based on competency attainment and leader reviews of manual's ease of use and content appropriateness
- Redesign and revise modules based on field testing
- Train group leaders in use of manuals and content area
- Distribute standardized manuals with supporting materials to all units
- Provide ongoing support and consultation to new leaders

3. ANALYSIS **(Describe how the problem was analyzed.):**

A Treatment Design Team comprised of all Program Social Workers, Psychologists, Rehabilitation Therapists, and Unit Supervisors was constituted under the direction of the Program Director to evaluate and develop BPSR treatments. Through a review of available research data, including ConRep recidivism and acceptance information and our own professional experience, a set of patient community vulnerability factors were identified. These formed the bases for the critical, patient skill-training areas which would be developed into the treatment modules. Not surprisingly, areas included medication self-management, emotion management, mental illness awareness, symptom management, independent living skills, recreation/leisure skills, substance abuse relapse prevention, and sex offender treatment.

4. IMPLEMENTATION **(Describe your implementation of the solution.):**

From the initial Design Team, subgroups were formed to develop these modules. Each module was piloted by the subgroup chairperson, who had primary responsibility to create the leader manual. Completed modules with manuals and competency rating forms were rolled out to other units for further refinement.

5. **RESULTS** **(Demonstrate that an improvement has occurred as a result of the project/process area implementation.):**

The target date was the 1999 JCAHO survey for the complete set of manuals and for implementation across the program's MDO units. Nine module manuals were completed by the November survey with full implementation on all four units in the Program. As recognition of this work, the surveyors commended the use of our standardized groups in their exit summary. These standardized group modules serve as a starting point for ongoing outcome evaluation of treatment and a continuing process of performance improvement. The patient ratings on the group competencies will provide important information on the question of what treatments, provided to which patient, result in the best outcome.

6. **LEARNING** **(Describe what the team learned and how they used those lessons to continuously improve the success of this Best Practice.):**

The Design Team learned that creating one's own groups, leads to a greater buy-in from group leaders and heightened willingness of staff members to really invest in the product. We learned that quality of these groups rests with both the content and creativity of the manuals but also with the skills of group leaders. Thus, the team created another workgroup to develop a leader training and development system. This included creating a group leader consultation checklist and a standardized way of observing and providing feedback to the module leaders. Training sessions on leader skills and techniques have been provided at the Program level. Plus, we are in the process of developing a new treatment module on cognitive compensatory skills to assist patients with significant memory, concentration, and attention deficits. These deficits were not adequately addressed in our other modules and were often prerequisites for the patients' being able to benefit from skill-training groups.

CALIFORNIA DEPARTMENT OF Mental Health

LTCS BEST PRACTICE CATALOG SUBMISSION

Project Title: Rehabilitation Therapy Service Framework

Function Category:

[X] **PATIENT-FOCUSED** [ ] **ORGANIZATION** [ ] **STRUCTURES**

Sub-category(s): Care of Patient **Heading: Programming**

Contact Person: Jim Neville, Chief of Rehabilitation Therapy Services

Telephone Number: 805-468-2047

Hospital: Atascadero State Hospital

The following items are available regarding this Best Practice:

☒ **Schematic Org. Drawings** ☒ **Rehab Treatment Protocols**

[ ]	[ ]	[ ]	[X]
Photographs	**Video Tape**	**Drawings**	**Manual**

1. **SELECTION OF PROJECT/PROCESS AREA (Describe how and why your team selected this project/process area for improvement.):**

There are 5 disciplines with in the ASH Rehabilitation Therapy Service:
Dance Art, Recreation, Music, and Occupational Therapy. There also are 6 common focuses of rehabilitation treatment addressed by all 5 of those disciplines. Our patients are committed to us under several different commitment codes and have diverse treatment needs. Treatment must be selected and offered to best meet the dispositional track of the individual patient.

2. **UNDERSTANDING EXISTING CONDITION WHICH NEEDS IMPROVEMENT**
(Describe the relationship of your project to your goals for improvement, and describe current process performance.):

40 + rehab. Therapists were treating several different commitment codes, with a different discipline focus and different treatment protocols. This complex network resulted in 300 or more treatment protocols and little way to standardize or measure outcome. There was duplication of effort in forming protocols and the opportunity to take advantage of the best practices hospitalwide was not maximized.

3. **ANALYSIS** **(Describe how the problem was analyzed.):**

The sheer number of protocols, (over 300) the blurred distinctions between clinical intervention and "leisure activity, and the difficulty in gathering outcome data all pointed to the need for standardized and clinically focused protocols.

4. **IMPLEMENTATION** **(Describe your implementation of the solution.):**

The Rehab. Therapy Performance Improvement Committee took on the task simplifying the process.

The group looked though all the various protocols to find the common features and focus of treatment in order to determine the core RT interventions. On pilot units, those interventions were then condensed into standardized protocols so they could be shared across the hospital treatment programs and in some cases between the 5 Rehab. disciplines.

Rather than just describe the **"activity"** that typically defined the discipline (such as painting, dancing, or music) the reformatted protocols focused on the **strategy** that would lead to **a specific tx outcome**. (such as improved concentration,
or social skills, or ability to follow directions etc.)

These concepts and the treatment protocols were presented to all the Rehab therapists, the Clinical Administrator, and the Program Directors.

5. **RESULTS** **(Demonstrate that an improvement has occurred as a result of the project/process area implementation.):**

This process clarifies the clinical aspects of the Rehab intervention and because the protocols are standardized, the ability to obtain outcome data is enhanced.

6. **LEARNING** **(Describe what the team learned and how they used those lessons to continuously improve the success of this Best Practice.):**

A Work group will be going from Program to Program to look at all existing Rehab. protocols and reformat and combine those with similar objectives and methodologies. It has become clear that it is important to make a distinction between '**Rehabilitation Therapy clinical interventions'** and "leisure" activities. Both provide value but the clinical interventions and the resulting changes in behavior are a critical part of the patient's progress in treatment.

CALIFORNIA DEPARTMENT OF Mental Health

LTCS BEST PRACTICE CATALOG SUBMISSION

Project Title: Treatment Program for the Deaf "Sounds of Silence"
Function Category:

[X] **PATIENT-FOCUSED** [ ] **ORGANIZATION** [ ] **STRUCTURES**

Sub-category(s): (C) Care of Patients & (D) Education **Heading:** (C5) Programming & (D1) Patients

Contact Person: Sharon Smith Nevins, P.D. **Telephone Number:** (909)425-7601
Sandra Summers, N.C. (909)425-7374
Hospital: Patton State Hospital

The following items are available regarding this Best Practice:

[ ]	[ ]	[ ]	[X]
Photographs	**Video Tape**	**Drawings**	**Manual**

1. **SELECTION OF PROJECT/PROCESS AREA (Describe how and why your team selected this project/process area for improvement.):**

The California Department of Mental Health designated Patton State Hospital as the inpatient mental health facility for treatment of forensic patients statewide. In order to effectively serve the needs of this expanding population, a specialized unit and treatment program which addresses the needs of the deaf and hard of hearing patients was developed.

The Executive Director of Patton State Hospital, Mr. William Summers, appointed a cross-functional/interdisciplinary committee to design this program. The committee consulted with experts in the deaf community throughout the State of California to ensure adequate provisions of specialized mental health services are provided to deaf and hard of hearing patients.

2. **UNDERSTANDING EXISTING CONDITION WHICH NEEDS IMPROVEMENT (Describe the relationship of your project to your goals for improvement, and describe current process performance.):**

The goal of the Deaf Program is consistent with the hospital's mission and goals for quality improvement as outlined in the hospital's strategic plan. Patton State Hospital has a longstanding history of providing innovative mental health services to mentally ill patients in a forensic setting. Recognizing that the deaf and hard of hearing patients have unique clinical and distinctive cultural and linguistic needs, the Hospital has committed to provide quality mental health services to this population. More specifically, the Program goal for the Deaf Program is to improve the efficacy of the treatment provided to the deaf and hard of hearing patients through the provision of services to meet their special needs in a safe/secure environment. To ensure deaf patients are afforded opportunities and equal access to services that are available to hearing patients within a forensic mental health setting at Patton State Hospital and to

increase awareness, understanding, and sensitivity to the deaf and hard of hearing patients in order to allow for more receptability to treatment.

During the year proceeding, the implementation of the Deaf Unit, a total of ten (10) profoundly deaf patients of various legal commitments were admitted to Patton State Hospital from the jails and other state hospitals. Prior to July 1998 there were only two (2) profoundly deaf patients at Patton, both of which had functional speech and no proficiency in American Sign Language. Due to the expansion in the population of deaf and hard of hearing patients, there was a noticeable increase in the demand for appropriate linguistic and culturally competent services. In an effort to avoid expensive, long-term placement in the state hospital, early intervention of appropriate and efficacious services to the deaf and hard of hearing patients was essential. The performance during the short tenure of this particular program has proven to be effective. The Program has expanded to approximately 14 forensic patients of various legal commitments. The patients have been able to assimilate in a deaf culture environment, learn American Sign Language, and are able to address their mental health treatment needs. The majority of staff members have become proficient in sign language by attending American Sign Language classes, which are held ongoing at Patton State Hospital. Interpreters are provided on a daily basis to help facilitate communication. The Hospital has increased the services provided to this population and have provided appropriate equipment/devices to address the unique and individualized treatment needs of the deaf and hard of hearing patients.

3. ANALYSIS (Describe how the problem was analyzed.):

The problem of the deaf and hard of hearing patients was analyzed by the committee utilizing reports received by the interdisciplinary team on the unit at Patton where the acute deaf patients were originally placed. In addition to gathering information from the treatment team, members of the committee reviewed the legal requirements as outlined in the Americans with Disabilities Act (ADA) and consulted with other facilities, i.e., The Riverside School for the Deaf and The Center on Deafness in the Inland Empire (CODIE), and other facilities who were providing services to deaf and hard of hearing patients.

Based upon the information gathered, it became increasingly evident that a program for the deaf and hard of hearing patients needed to be instituted and specialized equipment/services were required in order to effectively meet the clinical needs of each patient.

The committee completed a thorough analysis of the needs of the deaf and hard of hearing patients by thoroughly reviewing the services that were being provided to this population and seeking ways to expand and improve the quality of care and services provided. There were several barriers or problems identified which included 1) problems with communication; staff and patients did not have proficiency in ASL making it difficult to facilitate communication; 2) it was difficult to implement treatment as there was a lack of understanding and awareness of the unique linguistic and cultural needs of this population; 3) the majority of the patients who were assessed had very low intellectual functioning (some with developmental issues) which made it difficult to develop groups or adequate treatment to effectively address their legal issues; 4) legal requirement under the American with Disabilities Act (ACT) were not fully understood; and 5) the committee identified that initially there were inadequate resources including equipment/training and interpreters to effectively meet the needs of the deaf patients.

The newly established program for deaf and hard of hearing patients was therefore designed to provide a comprehensive range of clinical and special services and supports. This provision of services and support is in accordance with the Americans with Disabilities Act (ACT) which has recognized the deaf community as a separate entity and population. The services are also being provided in accordance with the hospital's mission, which is to provide state of the art mental health care and treatment to forensic and civilly committed patients in a structured, secure environment. The clinical and special needs of the deaf

and hard of hearing patients were thoroughly analyzed and the needs included: 1) certified interpreters who can interpret accurately, effectively, and impartially; both receptively and expressively in American Sign Language; 2) American Sign Language proficient staff who can sign at a proficient level and ensure the patients' needs are met; 3) telecommunication devices (TDD). These devices include a TTY pay phone, a California relay service number for the social worker/staff phones, in line amplifiers for hard of hearing patients and telescrobes; 4) modification of auditory fire alarm (with strobe lights) to enhance safety on the unit; 5) ASL assignment and instruction; 6) adequate glare-free lighting; 7) identification badges (for intercompound grounds privileges) 8) closed-captioned, large-screen television; 9) peep holes/portholes on each door; 10) educational assessment; 11) vocational training; and 12) assistive listening devices, etc.

4. IMPLEMENTATION (Describe your implementation of the solution.):

The Deaf and Hard of Hearing Program was successfully implemented in July 1999 upon approval of the Executive Staff of Patton State Hospital. The Admission Program Management Team was chartered with the task of implementing the Program, which involved the following:

- The deaf patients throughout the hospital were subsequently placed on the Deaf Unit, which is located on Unit EB-12.
- The staff movements were scheduled immediately to provide more ASL competent staff to the new Deaf Unit. These staff members previously expressed interest in working with the deaf patients and were enrolled in Basic and Intermediate Sign Language classes at Patton.
- Plans for enhancement of the fire alarm system to accommodate strobe lights were submitted to the State Fire Marshall who completed an inspection in June 1999. The plans were approved, and the renovation of the fire alarm system was added to the capital outlay renovation plan for the EB Building. Interim fire alarm arrangements were made pending completion of this project.
- Unit EB-12 was immediately reorganized to accommodate a maximum of 18 coed deaf patients. These modifications included a separate area (unit) with a nursing station with attached staff restrooms, one small dayhall, one medium-sized dayhall, access to two courtyards, and seclusion rooms.
- Specialized equipment and supplies were ordered for the unit which included state of the art computers, TTY pay phone for patient use, telescrobes, in-line amplifiers, instructional videos on utilizing TTY/TTD phone, closed captioned televisions, medical sign language books, videos, dictionaries on CD roms, and other resource material.
- The planned scheduled treatment groups were developed and implemented by the treatment team and the patients were placed in specific core and individualized treatment groups.
- The contract for interpreter services were modified in order to increase the hours of contractual interpreter services provided by Life Signs and Rolling Start.
- The Program Management worked closely with Human Resources to coordinate recruitment and interview for interpreters, Program teachers, consultants, and volunteers.

5. RESULTS (Demonstrate that an improvement has occurred as a result of the project/process area implementation.):

There has been a noticeable improvement in the provision of services provided to the deaf and hard of hearing patients since the implementation of the Deaf Program at Patton State Hospital. The improvements have included an increase in patients and staffs' proficiency in American Sign Language. Patients are taught sign language and have become more proficient as they reinforce their skills by communicating with staff, their attorneys, and families, etc. The unit staff are better able to facilitate communication with patients and their families via American Sign Language. There has been ongoing Basic and Intermediate ASL classes provided at Patton State Hospital. The patients are very supportive of

each other and seem to benefit from being in a deaf cultured environment where they learn about aspects of deaf culture while at the same time address their underlying clinical and forensic issues that necessitated their placement in the hospital. The results of the Program have been extremely positive, as some patients have returned to court as competent to stand trial. The patients actively attend groups, have a good rapport with staff, and appreciate the services provided by the certified interpreters. The patients are afforded an opportunity to interact with hearing patients via interpreters, and they are afforded equal access to all the services provided to the hearing patients. The patients also have access to specialized equipment to help facilitate communication and to address their individual treatment needs.

The patients' overall attitude has been positive and they have expressed appreciation in the services received, which has also been evident in the customer satisfaction surveys completed by the patients.

6. LEARNING (Describe what the team learned and how they used those lessons to continuously improve the success of this Best Practice.):

The Interdisciplinary Team on the Deaf Unit has taken initiative to develop an awareness and sensitivity to the deaf community. The team has learned more about the deaf culture and has enhanced their American Sign Language skills in order to facilitate communication with the patients. The raising of consciousness about the deaf culture and the special needs of this population occurred at every level in the organization at Patton State Hospital. It was vital to establish links to communication and understanding between all staff who have roles to play in monitoring mental health services for deaf and hard of hearing patients. This has been achieved by dissemination of information by providing ongoing hospitalwide Deaf Awareness training, thorough ongoing unit orientation of new employees floats assigned to the Deaf Unit and ongoing American Sign Language training.

The Interdisciplinary Team has also gained more insight as to how to effectively work with interpreters. Several of the deaf patients have low intellectual functioning which makes it difficult to address forensic mental health issues that necessitated the patients' placement in the hospital. This has proven to be a challenge for staff. A lot of focus has been on identifying resources and recruiting staff such as a psychologist who is proficient in psychological testing of the Deaf. Efforts have also been made to recruit additional staff, which includes full-time interpreters, and full-time teachers for deaf patients at the adult school who have ASL proficiency.

The treatment team has been cohesive and has worked diligently to improve the quality of care provided to the deaf patients. The workload on this particular team has been enormous; however, they have shown a commitment and dedication to ensuring the Program and the Hospital meets the specialized needs of the patients. The members of the treatment team are interested in further enhancing their understanding of this unique population by participating in ongoing training, obtaining bilingual certification, working with major universities to initiate research projects, recruit and develop interns, and additional staff for the Program.

CALIFORNIA DEPARTMENT OF Mental Health

LTCS BEST PRACTICE CATALOG SUBMISSION

Project Title: Special Integrative Resources In Treatment (SPIRIT) Group.

Function Category:

[X] **PATIENT-FOCUSED** [ ] **ORGANIZATION** [ ] **STRUCTURES**

Sub-category(s): Care of Patient Heading: Programming

Contact Person: Katie Twohy, Ph.D., L. Enriquez, PSW
Telephone Number: (562) 409 - 7206
Hospital: Metropolitan State Hospital

The following items are available regarding this Best Practice:

[ ]	[ ]	[ ]	[X]
Photographs	**Video Tape**	**Drawings**	**Manual**

1. **SELECTION OF PROJECT/PROCESS AREA (Describe how and why your team selected this project/process area for improvement.):**

   Treatment team is always looking for ideas to creatively help clients in their recovery and assist in their transition to less restricted environment.

2. **UNDERSTANDING EXISTING CONDITION WHICH NEEDS IMPROVEMENT (Describe the relationship of your project to your goals for improvement, and describe current process performance.):**

   MSH continues to try to provide more effective Bio-Psycho-Social-Rehab, and new modalities may increase the effectiveness of treatment already provided.

3. **ANALYSIS (Describe how the problem was analyzed.):**

   A variety of new educational/therapy groups were considered for implementation based on available resources and population needs and abilities.

4. **IMPLEMENTATION** **(Describe your implementation of the solution.):**

This course is designed to help patients recognize the various culture and spiritual facets of their lives and evaluate the impact of these aspects or their mental and emotional well-being. Special emphasis will be placed on the relationship between a students race, cultural and religion and that students experience of mental illness. Respect for differences is also emphasized.

5. **RESULTS** **(Demonstrate that an improvement has occurred as a result of the project/process area implementation.):**

Numerous clients' have attended this "open" group at various stages of treatment and have communicated an appreciation for the unique and much needed topics. Frequently, during discharge interviews, clients state an increased awareness of ethnic, religious and social diversity. Subsequently, we feel the clients will incorporate their increased awareness into their lives out in the community.

6. **LEARNING** **(Describe what the team learned and how they used those lessons to continuously improve the success of this Best Practice.):**

It has been our experience at the Stepping Stones Program that "higher-function" clients have shown better participation with topics of a complex and sensitive nature such as are covered in this group. However, even 'lower functioning' clients have gained some benefits in this group.

BEST PRACTICE CATALOG

Project Title: **STANDARDIZED EDUCATION TOOLS**

Function Category: ☒ **PATIENT-FOCUSED** ☐ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Education** Heading: **Patients**

Key Word(s): **Patient & Family Education**

Contact Person: **Maggie Randall, Assistant Program Director** Telephone Number: **(805) 468-2000**

Hospital: **Atascadero State Hospital**

Purpose: **To develop standardized education tools to educate patients throughout the facility on subjects of medications, modified diets, communicable diseases, and other important subjects. To increase the patient's understanding of, and participation in, his own treatment.**

Brief Description: **The one-page education tools contain basic patient information on important health topics.**

Selection Basis/Criteria: **The standardized tools help to ensure that fundamental information is uniformly passed on to the patient's hospitalwide. The tools are given to the patient for his reference and can also be used for interested family members.**

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☒ **Other : Sample Education Tools, Instruction Sheet, and Staff Training Outline.**

DATE SUBMITTED: September 17, 1998

I. D. 1. 001

BEST PRACTICE CATALOG

Project Title: **NEW START – SPECIALIZED CURRICULUM**

Function Category: ☒ **PATIENT-FOCUSED** ☐ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Education** Heading: **Patients**

Key Word(s): **Specialized curriculum, independence, successful, language/learning disabilities**

Contact Person: **Erika Popuch** Telephone Number: **(707) 253-5922**
Marge Lalich **(707) 253-5674**

Hospital: **Napa State Hospital**

Purpose: **This specialized curriculum is to provide knowledge and skills necessary to the support of independence and successful participation in therapeutic activities – for clients in forensic mental health facilities who have language/learning disabilities, ADD/ADHD and/or traumatic brain injury, in addition to major mental illness. Though invisible, these problems do contribute to the number of clients who enter mental health and criminal justice institutions. Court documented drops in recidivism rates (of greater than 409 percent) have been achieved in programs where clients have received skills training to increase their awareness – and develop strategies to "by-pass" or to "cope" with these disabilities. Self-awareness is critical to developing self-determination skills.**

Brief Description: **NEW START classes offer communication-based instruction and practice with specific "by-pass" and coping skills for learning/processing difficulties with strategies for anger management, social skills, and problem-solving issues. Personal learning styles, impacts of personal strengths/weaknesses, and mental health issues are covered. Group activities include a variety of sensory awareness and hands-on activities, paper and pencil tasks, discussion, and role-play. Video-feedback is also used. This class is designed for a 22-week session, two times per week, 2 hours each, in small groups (maximum 10 clients).**

Selection Basis/Criteria: **New START challenges.**

The following items are available regarding this Best Practice:

☒ **Photographs** ☐ **Video Tape** ☒ **Drawings** ☒ **Manual (excerpts)**

☐ **Other _____**

DATE SUBMITTED: **October 19, 1998**

I. D. 1. 002

BEST PRACTICE CATALOG

Project Title: **COMPUTER TRAINING PROGRAM**

Function Category: ☒ **PATIENT-FOCUSED** ☐ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Education** Heading: **Patients**

Key Word(s): **Computer Training Vocational Services**

Contact Person: **Ron Leonard** Telephone Number: **(707) 253-5940**

Hospital: **Napa State Hospital**

Purpose: **We have extended vocational services training opportunities to clients by adding computer training in PC hardware maintenance repair and current business Software.**

Brief Description: **Clients will be trained in the following skill areas: hardware identification, operating systems, configuration of components, I/O devices, troubleshooting, word processing, spreadsheets, data base, and desktop publishing.**

Selection Basis/Criteria: **This is a new project in vocational services establishing a program that will give clients an opportunity to learn and understand how a computer works. Staff refer clients to participate. Clients are assessed and have an informal interview. The computer training also gives clients marketable skills or knowledge they may use when released from the hospital. Adjustments will be made to this program to adapt to the clients abilities and needs.**

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☐ **Other : TOUR**

DATE SUBMITTED: October 19, 1998

I. D. 1. 003

BEST PRACTICE CATALOG

Project Title: **ALCOHOL AND DRUG EDUCATION PROGRAM (ADEP)**

Function Category: ☒ **PATIENT-FOCUSED** ☐ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Education** Heading: **Patients**

Key Word(s): **Dual Diagnosis**

Contact Person: **Connie Etter, RT** Telephone Number: **(909) 425-7714**

Hospital: **Patton State Hospital**

Purpose: **To educate patients at Patton State Hospital who have a dual diagnosis of a mental disorder and substance abuse as a primary disease. The program is designed not only to help the patient to stop abusing alcohol or chemicals but also to understand and modify patterns of thinking, feeling, behaving and relating to others which underlie the addictive process.**

Brief Description: **ADEP provides substance abuse treatment for patients with a dual diagnosis. The program is an out-patient day treatment format, which is composed of three distinct conjunctive phases. During the eight-week intensive phase, Phase 1: patients attend groups and activities all day Monday through Friday. Phase 2 consists of eight weeks of mandatory aftercare group activities 3½ days per week. Following commencement from Phase 2, patients may choose to participate in Phase 3 group activities until discharged from Patton State Hospital. Patients participating in this phase may attend one or both afternoons providing their attendance is consistent.**

Selection Basis/Criteria:

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☒ **Manual**

☐ **Other :**

DATE SUBMITTED: **October 19, 1998**

I. D. 1. 004

BEST PRACTICE CATALOG

Project Title: **SUPPORTIVE TRANSITIONAL EDUCATION PROGRAM (STEP)**

Function Category: ☒ **PATIENT-FOCUSED** ☐ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Education** Heading: **Patient**

Key Word(s): **Discharge Readiness**

Contact Person: **Billy Mange, Program Coordinator** Telephone Number: **(909) 425-7982**

Hospital: **Patton State Hospital**

Purpose: **The primary purpose of the STEP Program is to provide comprehensive psychiatric rehabilitation services to adult forensic inpatients in order to facilitate a successful transition to a less restrictive setting.**

Brief Description: **STEP is a forensic inpatient day treatment program which focuses on social and independent living skills and their application to a discharge readiness format. The program is offered to the hospital population in 20 week cycles. Each cycle is divided into four phases with each phase designed to provide gradual attainment of community readiness skills. Treatment takes place away from the clients housing unit and is offered Monday through Friday 0800-1100 and Monday, Tuesday, Thursday and Friday 1330-1500.**

Selection Basis/Criteria:

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☐ **Other : _____**

DATE SUBMITTED: October 19, 1998

I. D. 1. 005

BEST PRACTICE CATALOG

Project Title: **EASY STREET**

Function Category: ☒ **PATIENT-FOCUSED** ☐ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Education** Heading: **Patient**

Key Word(s): **Community Living Skills**

Contact Person: **Nanette Calwell, RT** Telephone Number: **(909) 425-7363**

Hospital: **Patton State Hospital**

Purpose: **To teach community living skills to patients who have never learned or have forgotten due to their illness.**

Brief Description: **Easy Street is set up in modular form to teach banking, cooking, nutrition, vocation/career, shopping, community resources and transportation skills.**

Selection Basis/Criteria:

The following items are available regarding this Best Practice:

☐ **Photographs** ☒ **Video Tape** ☐ **Drawings** ☐ **Manual**

☐ **Other : _____**

DATE SUBMITTED: **October 19, 1998**

I. D. 1. 006

BEST PRACTICE CATALOG

Project Title: **COURT PREPARATION PROJECT**

Function Category: ☒ **PATIENT-FOCUSED** ☐ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Education** Heading: **Patients**

Key Word(s): **Trial Competency**

Contact Person: **Michael Ehlers** Telephone Number: **909) 425-7394**

Hospital: **Patton State Hospital**

Purpose: **To assist patients in gaining trial competency status through assessment, education, and treatment.**

Brief Description: **A specialized off-unit treatment program with three core services: (1) Competency education groups, (2) Patient Mock Trial, and (3) An individualized evaluation experience (Mock Competency Hearing).**

Selection Basis/Criteria:

The following items are available regarding this Best Practice:

☐ **Photographs** ☒ **Video Tape** ☐ **Drawings** ☒ **Manual**

☐ **Other : _____**

DATE SUBMITTED: **October 19, 1998**

I. D. 1. 007

BEST PRACTICE CATALOG

Project Title: **RELAPSE PREVENTION RESOURCE MANUAL**

Function Category: ☒ **PATIENT-FOCUSED** ☐ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Education** Heading: **Patients**

Key Word(s): **Relapse Prevention**

Contact Person: **Stirling Price, P.A.** Telephone Number: **(707) 449-6593 ext. 2886**

Hospital: **Vacaville Psychiatric Program**

Purpose: **To provide a central step by step resource for relapse prevention groups. The manual provides flexibility allowing treatment providers the ability to tailor each group to fit patient's individual functioning level and target behaviors.**

Brief Description: **The manual contains descriptions, exercises, history, and documents necessary to facilitate the relapse prevention groups. Patient workbooks are also available.**

Selection Basis/Criteria: **Patients willing to examine their problem behaviors. Patients should have basic reading and writing skills.**

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☒ **Manual**

☐ **Other : _____**

DATE SUBMITTED: **October 8, 1998**

I. D. 1. 008

CALIFORNIA DEPARTMENT OF Mental Health

LTCS BEST PRACTICE CATALOG SUBMISSION

Project Title: Pre-IT Gardening Group

Function Category:

[X] **PATIENT-FOCUSED** [ ] **ORGANIZATION** [ ] **STRUCTURES**

Sub-category(s): Education **Heading:** Patient

Contact Person: **J.R. Rodriguez, P.T., L. Enriquez, PSW**
Telephone Number: **(562) 409 - 7206**

Hospital: **Metropolitan State Hospital**

The following items are available regarding this Best Practice:

[ ] **Photographs** [ ] **Video Tape** [ ] **Drawings** [X] **Manual**

1. **SELECTION OF PROJECT/PROCESS AREA** **(Describe how and why your team selected this project/process area for improvement.):**

   Treatment team is always looking for ideas to creatively help clients in their recovery and assist in their transition to a less restrictive environment.

2. **UNDERSTANDING EXISTING CONDITION WHICH NEEDS IMPROVEMENT**
   (Describe the relationship of your project to your goals for improvement, and describe current process performance.):

   MSH continues to try to provide more effective Bio-Psycho-Rehab, and new modalities may increase the effectiveness of treatment already provided.

3. **ANALYSIS** **(Describe how the problem was analyzed.):**

4. IMPLEMENTATION (Describe your implementation of the solution.):

Patients are taught basic gardening skills including seed cultivation, soil preparation, transplanting seedlings, garden maintenance and clean up. They work 2 hours per week under supervision in the garden.

5. RESULTS (Demonstrate that an improvement has occurred as a result of the project/process area implementation.):

Of the approximately eight clients that have participated in this group, four have been discharged to less restrictive settings where they are functioning well; four of the clients remain in the hospital: two of those are now engaged successfully in I.T. employment, and two are still in this group.

6. LEARNING (Describe what the team learned and how they used those lessons to continuously improve the success of this Best Practice.):

One difficulty that may be experienced in implementing these groups is the lack of I.T. funds at this time at MSH. Groups must be kept down to maximum of two clients. This group would be effective with a larger group if funds were available.

CALIFORNIA DEPARTMENT OF Mental Health

LTCS BEST PRACTICE CATALOG SUBMISSION

Project Title: Media and Mental Health

Function Category:

[X] **PATIENT-FOCUSED** [ ] **ORGANIZATION** [ ] **STRUCTURES**

Sub-category(s): Education **Heading:** Patient

Contact Person: P. Herman, LCSW, D. Gottlieb, P.T.
Telephone Number: (562) 409 - 7206

Hospital: Metropolitan State Hospital

The following items are available regarding this Best Practice:

[ ]	[ ]	[ ]	[X]
Photographs	**Video Tape**	**Drawings**	**Manual**

1. **SELECTION OF PROJECT/PROCESS AREA (Describe how and why your team selected this project/process area for improvement.):**

   Treatment team is always looking for ideas to creatively help clients in their recovery and assist in their transition to a less restrictive environment.

2. **UNDERSTANDING EXISTING CONDITION WHICH NEEDS IMPROVEMENT (Describe the relationship of your project to your goals for improvement, and describe current process performance.):**

   MSH continues to try to provide more effective Bio-Psycho-Rehab, and new modalities may increase the effectiveness of treatment already provided.

3. **ANALYSIS (Describe how the problem was analyzed.):**

   A variety of new educational/therapy groups were considered for implementation based on available resources and population needs and abilities.

4. **IMPLEMENTATION** **(Describe your implementation of the solution.):**

This course is designed to increase patients' knowledge about schizophrenia, Bi-polar disorder, and schizo affective disorder, as well as more general topics relating to mental illness. This is done through the use of selected videos and subsequent discussions. Emphasis is placed on how to achieve and maintain mental health.

5. **RESULTS** **(Demonstrate that an improvement has occurred as a result of the project/process area implementation.):**

Clients have demonstrated a significant increase in their knowledge about mental illness because of the emotional impact of these primarily commercial videos. The self-reports by celebrities have been especially helpful in instilling hope in clients. This format grabs the interest of the clients and these films are especially reinforcing in the area of medication compliance.

6. **LEARNING** **(Describe what the team learned and how they used those lessons to continuously improve the success of this Best Practice.):**

Both theatrical "entertainment" films and videos, as well as documentaries from public and network television and investigative reporter work (such as on "Dateline," "20-20," etc.) are extremely helpful in increasing client knowledge and acceptance of brain disease and the need for taking medications. We try to stay alert to new reports, films, etc.

BEST PRACTICE CATALOG

Project Title: **FAMILY SURVEY**

Function Category: ☒ **PATIENT-FOCUSED** ☐ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Education** Heading: **Family**

Key Word(s): **Family Education**

Contact Person: **Maggie Randall** Telephone Number: **(805) 468-2000**

Hospital: **Atascadero State Hospital**

Purpose: **To assess educational needs of family members in regards to the mental illness and forensic issues of their family member treated at Atascadero State Hospital.**

Brief Description: **A survey is sent out monthly. Data is collected and tracked. Family education programs will be developed around findings.**

Selection Basis/Criteria: **The survey provides excellent data and information on needs of families and gives a good base around which to develop the family education program.**

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☒ **Other : Survey Form**

DATE SUBMITTED: September 17, 1998

I. D. 2. 001

CALIFORNIA DEPARTMENT OF Mental Health

LTCS BEST PRACTICE CATALOG SUBMISSION

Project Title: Family Satisfaction Survey, Child and Adolescent Treatment Program

Function Category:

[X] **PATIENT-FOCUSED** [ ] **ORGANIZATION** [ ] **STRUCTURES**

Sub-category(s): Education **Heading: Family**

Contact Person: **Ken Layman, PA** **Telephone Number:** **(562) 409 - 7100**

Hospital: **Metropolitan State Hospital**

The following items are available regarding this Best Practice:

[ ]	[ ]	[X]	[X]
Photographs	**Video Tape**	**Drawings**	**Manual**

1. **SELECTION OF PROJECT/PROCESS AREA** **(Describe how and why your team selected this project/process area for improvement.):**

   Family involvement is seen as a vital component of a successful treatment program serving children and adolescents. Surveying the needs of families, obtaining feedback concerning the program and making substantive program adjustments to meet their needs are important goals of the program. The project was initiated and developed by a combined effort between MSH, Los Angeles Co. DCFS, DMH, Probation, Patients Rights and a representative of the LA Co. Children's Commission.

2. **UNDERSTANDING EXISTING CONDITION WHICH NEEDS IMPROVEMENT**
   (Describe the relationship of your project to your goals for improvement, and describe current process performance.):

   Customer satisfaction is one of the program's performance indicators.

3. **ANALYSIS** **(Describe how the problem was analyzed.):**

   Survey items, language and survey procedures were jointly developed within the liaison work group.

4. **IMPLEMENTATION** **(Describe your implementation of the solution.):**

The tool was developed, evaluated for reliability, and piloted prior to implementation.

5. **RESULTS** **(Demonstrate that an improvement has occurred as a result of the project/process area implementation.):**

The project resulted in vital information and feedback by consumer families. Areas included perceived helpfulness of services to consumers, perceived helpfulness of services to family members, the program's effectiveness in communication with family, the family knowledge of who to contact for information, the types of information desired, and general comments and suggestions.

6. **LEARNING** **(Describe what the team learned and how they used those lessons to continuously improve the success of this Best Practice.):**

Representative from various agencies serving children were successful in working together to provide a valuable tool to improve the effectiveness of services to family members and the children and adolescents consumers in the program. The program gained valuable feedback as to its performance and opportunities for improvement of patient care.

CALIFORNIA DEPARTMENT OF Mental Health

LTCS BEST PRACTICE CATALOG SUBMISSION

Project Title: ASH FAMILY NEWSLETTER

Function Category:

[X] **PATIENT-FOCUSED** [ ] **ORGANIZATION** [ ] **STRUCTURES**

Sub-category(s): Education **Heading: Family**

Contact Person: Maggie Spurgeon **Telephone Number: 805-468-2183**

Hospital: Atascadero State Hospital

The following items are available regarding this Best Practice:

☒ **Sample Newsletters**

[ ] **Photographs** [ ] **Video Tape** [ ] **Drawings** [ ] **Manual**

1. **SELECTION OF PROJECT/PROCESS AREA (Describe how and why your team selected this project/process area for improvement.):**

   Patients and their families have both a need and right to understand the treatment that is provided. A challenge of the state mental health system is to convey treatment information to family members who live far away from the Hospital, who may not come to visit, or are not in contact with treatment providers in the same way that would occur in an acute care medical setting.

2. **UNDERSTANDING EXISTING CONDITION WHICH NEEDS IMPROVEMENT**
   (Describe the relationship of your project to your goals for improvement, and describe current process performance.):

   Originally, ASH attempted to provide classes for family members that focused on treatment information, hospital events, and miscellaneous issues the family members inquired about. Very few family members attended these sessions, and none on a regular basis.

3. **ANALYSIS** **(Describe how the problem was analyzed.):**

We then mailed out a survey over a 6-month period asking families why they did not or could not attend the meetings. The responses that came back were lack of transportation, money, time, and distance. We also had asked family members what kind of information they wanted to learn about.

4. **IMPLEMENTATION** **(Describe your implementation of the solution.):**

Based on our survey results, the creators of this project, the Patient Family Education Team, decided to put together a newsletter containing the topics and information the families had asked for. In the newsletter they also inform the families about support meetings held at the hospital, special events, and mental health resources in their communities. All patients have the opportunity to involve their family members in this project and newsletters are available to visitors.

5. **RESULTS** **(Demonstrate that an improvement has occurred as a result of the project/process area implementation.):**

We have had an overwhelmingly positive response to our newsletters. Families have called and written to us telling us how helpful it has been. The treatment teams have reported to us that the newsletters have improved the communication they have had with the family members. Our newsletter was a unique approach with very positive results.

6. **LEARNING** **(Describe what the team learned and how they used those lessons to continuously improve the success of this Best Practice.):**

We have learned to monitor the newsletter, ensuring that it is written at an understandable level and can hold the readers' interest. We continue to survey the customers that receive the newsletter to include the information they want to read. We continue to use the survey to identify areas to improve.

BEST PRACTICE CATALOG

Project Title: **COMPREHENSIVE EXPANDED TREATMENT TEAM APPROACH IN A FORENSIC SETTING**

Function Category: ☒ **PATIENT-FOCUSED** ☐ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Continuum of Care** Heading: **N/A**

Key Word(s): **Continuum of Care**

Contact Person: **Joyce Bray** Telephone Number: **(805) 468-2693**

Hospital: **Atascadero State Hospital**

Purpose: **To provide patients committed under PC 2690 an opportunity to participate in the highly structured supervised and enriched treatment offered by CONREP.**

Brief Description: **Many patients who would have benefited from continued treatment were released because they were found to no longer meet one or more of the MDO criteria and, therefore, they were no longer a MDO. These patients were released to parole with no opportunity to participate in highly structured, unsupervised and enriched treatment offered by CONREP. It soon became apparent many of these releases were inappropriate because the patient was not being placed in CONREP in a timely manner. A new criteria for release to CONREP was developed. A survey of all CONREP sites was conducted and structured interviews with staff at each CONREP location were conducted.**

Selection Basis/Criteria: **The relationship eventually led to collaborative efforts between the hospital and CONREP which produced specified, standardized criteria for placement of MDO's statewide and to a continuing flow of information between the two groups.**

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☐ **Other :**

DATE SUBMITTED: **September 17, 1998**

I. E. 001

BEST PRACTICE CATALOG

Project Title: **THE COMMUNITY LIVING SKILLS PROJECT**

Function Category: ☒ **PATIENT-FOCUSED** ☐ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Continuum of Care** Heading: **N/A**

Key Word(s): **Discharge Readiness**

Contact Person: **Joe Clark** Telephone Number: **(805) 468-2425**

Hospital: **Atascadero State Hospital**

Purpose: **The primary objective of the Community Living Skills Project is to teach and practice daily living skills and employment skills within a normalized setting to optimize the transfer of these skills to the Conditional Release setting within the community.**

Brief Description: **The Community Living Skills Project is a transitional training program designed to offer functional living skills to individuals with mental disabilities and cognitive deficits in a setting that is as normalizing as possible within a maximum security setting. Patients enter the program, acquire general life skills and move on to their dispositional placements. The program components are: housekeeping skills, money management, parole planning skills, dining skills, nutrition and cooking skills, supported work, anger management, shopping skills, public transportation skills, stress reduction skills and leisure skills. Patients have not had to make daily decisions like what to eat, when to wash clothes, how and when to catch the bus and how to interact with others appropriately. The patient faces the challenge of functioning cooperatively and appropriately in a board and care setting where they are required to share a bedroom and a bathroom, shop, prepare and eat meals together.**

Selection Basis/Criteria: **Patients are accepted in the Community Living Skills Project when they meet the following entry criteria: the patient is within nine months of discharge, the patient is exiting the hospital via conditional release, the patient has life skills and/or interpersonal skills deficits, the patient is psychiatricly stable on medication, and the patient has had no behavioral incidents in the last two months.**

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☒ **Manual**

☐ **Other : _____**

DATE SUBMITTED: September 17, 1998

I. E. 002

BEST PRACTICE CATALOG

Project Title: **PATIENT POST DISCHARGE SURVEY**

Function Category: ☒ **PATIENT-FOCUSED** ☐ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Continuum of Care** Heading: **N/A**

Key Word(s): **Discharge Survey**

Contact Person: **Regina L. Uliana, Ph.D.** Telephone Number: **(562) 651-2259**

Hospital: **Metropolitan State Hospital**

Purpose: **This survey has been on-going and its focus has been to gather selected follow-up data on patients who have been discharged from the hospital. The goal was to first obtain some baseline data on how our patients function once they leave the hospital. In other words, we were interested in knowing how our patients were doing. The second goal was to learn in what areas they were doing better than others. The findings then would become part of our clinical outcome evaluation and give us some indication of what areas of treatment appear to be relatively more successful and in what areas would it benefit the treatment teams to focus additional attention.**

Brief Description: **The survey questions were designed to learn general outcomes that would be expected as a result of the patient's hospital stay. The data is collected by telephone interviews. Telephone surveys being at least a month following discharge to allow the patient time to adjust and the staff to become familiar with the patient. Interviewers are trained to present the general purpose of the survey and to follow the questionnaire format. In order to minimize resistances from those facilities that may be frequently called, we decided to contact the director of social work and make arrangements to send monthly packets for the staff to fill in at their convenience. We have found that most of the facilities have been very helpful and timely in returning the forms. We regularly communicate with the directors of the facilities and express our appreciation for the time and effort of their staff in filling out the forms that can better help the hospital in making appropriate referrals, and providing more focused and relevant care.**

Selection Basis/Criteria:

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☐ **Other :** _____

DATE SUBMITTED: **October 13, 1998**

I. E. 003

BEST PRACTICE CATALOG

Project Title: **GROUNDS PRESENCE**

Function Category: ☒ **PATIENT-FOCUSED** ☐ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Continuum of Care** Heading: **N/A**

Key Word(s): **Safe, Secure, Therapeutic Environment**

Contact Person: **Patricia Otterbein, ACCPS** Telephone Number: **(909) 425-7492**

Hospital: **Patton State Hospital**

Purpose: **To provide and maintain a safe, secure and therapeutic environment for patients, staff and visitors within the inner compounds of Patton State Hospital.**

Brief Description: **Grounds Presence (psychiatric technicians on special assignment) provide specialized services to ensure a safe, secure and therapeutic environment on grounds through bike patrols, foot patrols, and direct radio communication with the Department of Corrections. Grounds Presence Teams relate positively with patients and whenever necessary, provide input to unit staff and administration.**

Selection Basis/Criteria:

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☐ **Other : _____**

DATE SUBMITTED: October 19, 1998

I. E. 004

BEST PRACTICE CATALOG

Project Title: **FAMILY DAY**

Function Category: ☒ **PATIENT-FOCUSED** ☐ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Education/Continuum of Care** Heading: **Patients and Family**

Key Word(s): **Family Day**

Contact Person: **D. Harris, Sr. PT** Telephone Number: **(909) 425-7223**
Contact Person: **D. McLaughlin, LCSW**

Hospital: **Patton State Hospital**

Purpose: **To provide an informal social setting for patients, their family members and unit/program staff to come together and reduce the stigma and misperceptions of institutional living in a forensic psychiatric hospital.**

Brief Description: **Staff and patients plan a partial to full day of activities, including snacks and/or meal, to which the patients invite family members/significant others to attend. The day includes a tour of the residential living unit, music, games, other leisure activities and at least one snack or meal. Major consideration for security issues is paramount. All patients are encouraged to invite family members and/or significant others to attend. All visitors must be 18 years of age or older and possess a valid picture identification card.**

Selection Basis/Criteria:

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☐ **Other : _____**

DATE SUBMITTED: **October 19, 1998**

BEST PRACTICE CATALOG

Project Title: **MULTIPLE OUTCOMES MEASUREMENT (MOMS)**

Function Category: ☐ **PATIENT-FOCUSED** ☒ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Improving Organization Performance** Heading: **Quality Improvement**

Key Word(s): **Assessment, Care of the Patient**

Contact Person: **Vickie Wise** Telephone Number: **(805) 468-2919**

Hospital: **Atascadero State Hospital**

Purpose:

1. **Patients complete a questionnaire upon leaving Atascadero State Hospital regarding the satisfaction of services received during their stay.**
2. **Three months after release, a sample of selected patients are contacted to evaluate the success of patients post discharge.**
3. **Three years after release a follow-up of the same sample patients is conducted to evaluate success of patients post discharge.**

Brief Description: **This measurement examines such things as: taking medication, going to school, working, and violent incidents, etc.**

Selection Basis/Criteria: **The MOM's evaluates the impact of treatment at Atascadero State Hospital and the patient's post discharge success.**

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☒ **Other : Sample MOM's Reports**

DATE SUBMITTED: September 17, 1998

BEST PRACTICE CATALOG

Project Title: **"BRIGHT IDEAS FROM ATASCADERO STATE HOSPITAL STAFF"**

Function Category: ☐ **PATIENT-FOCUSED** ☒ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Improving Organization Performance** Heading: **Quality Improvement**

Key Word(s): **Performance Improvement**

Contact Person: **Glynnis David** Telephone Number: **(805) 468-2000**

Hospital: **Atascadero State Hospital**

Purpose:

1. **To recognize individual level-of-care staff for their good ideas and process improvement.**
2. **Encourage employee involvement in improving patient care, working efficiency, and/or saving money.**
3. **Demonstrate a link between the individual's everyday work and the work of "big teams" in Performance Improvement efforts.**

Brief Description: **A box inserted into the weekly bulletin (that goes to all staff) will highlight an individual or group for their good ideas and/or achievements.**

Selection Basis/Criteria: **Can be any process improvement that involves improving patient care, working efficiency, or saving money.**

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☒ **Other : Sample Bright Ideas articles**

DATE SUBMITTED: September 17, 1998

BEST PRACTICE CATALOG

Project Title: **SUPERVISOR EVALUATION**

Function Category: ☐ **PATIENT-FOCUSED** ☒ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Improving Organization Performance** Heading: **Quality Improvement**

Key Word(s): **Supervisor Evaluation**

Contact Person: **Linda Persons, Personnel Officer** Telephone Number: **(805) 468-2000**

Hospital: **Atascadero State Hospital**

Purpose: **Develop a mechanism whereby employees, annually, have an opportunity to give feedback to their supervisors.**

Brief Description: **The supervisor evaluation tool provides anonymous feedback to supervisors and managers on various skill areas of supervision and management, communication, organization, motivation, evaluation, etc.**

Selection Basis/Criteria: **The tool not only provides feedback but serves as a training tool and reminder for both staff and supervisors about the expectation of good supervision. (Currently in Pilot Phase at Atascadero State Hospital.)**

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☒ **Other : Evaluation Tool**

DATE SUBMITTED: September 17, 1998

BEST PRACTICE CATALOG

Project Title: **PATIENT SATISFACTION AT TIME OF DISCHARGE SURVEY**

Function Category: ☐ **PATIENT-FOCUSED** ☒ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory**: Improving Organization Performance** Heading: **Quality Improvement**

Key Word(s): **Patient Satisfaction Survey**

Contact Person: **David M. Malkin, Director Quality Assurance** Telephone Number: **(562) 651-2214**

Hospital: **Metropolitan State Hospital**

Purpose: **The purpose of this project is to learn from patients at the time of their discharge their opinion about the quality of care they believed they received while in the hospital. The data from this survey provides the hospital information that can better help the hospital maintain and improve on the quality of patient care. The information is disseminated to staff and management to benefit treatment focus, improve performance and to describe strengths and weaknesses.**

Brief Description: **The patient satisfaction survey was designed such that patients with minimal verbal skills could complete the questions. The survey has both English and Spanish versions. The survey asks the patients' opinion of their overall treatment they received in the hospital; how they rated the concern and attention of various staff members; how they rated their accommodations; how they felt at the time of discharge compared to when they entered the hospital; were they given an orientation and presented with their rights when they went to a new area or unit; were they given information on medication and mental health sources in community for help; and did they feel they were part of their treatment process.**

Selection Basis/Criteria:

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☐ **Other : _____**

DATE SUBMITTED: **October 13, 1998**

BEST PRACTICE CATALOG

Project Title: **MEDICARE PART B (FEE FOR SERVICE) REIMBURSEMENT**

Function Category: ☐ **PATIENT-FOCUSED** ☒ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Improving Organization Performance** Heading: **Quality Improvement**

Key Word(s): **Medicare Reimbursement**

Contact Person: **Ninfa Guzman**
Manjeet Sahera

Telephone Number: **(562) 651-2221**
(562) 651-2279

Hospital: **Metropolitan State Hospital**

Purpose: **To maximize Medicare Part B reimbursement of physician and psychologist services.**

Brief Description: **Metropolitan State Hospital was not maximizing billing for physicians' and psychologists' fee for services. The auditors from the Office of Inspector General came in December 1997, and identified that we were deficient in the area of billed services without supporting documentation and vice-versa. Our internal audits from Health Information Management Department and Utilization Review Department showed there were deficiencies in billing services. For example, the service provided was documented on the form but not supported with physician's progress note (PPN) or the PPN was documented properly but not reported on the form. Our audits also showed that codes were not used consistently by the physicians. Code "90801" was overused. Roger Crawford and Gary Namisnic from Client Financial Services audited our records in June, 1998 for Medicare eligible patients to determine compliance of Medicare reporting for physician services at Metropolitan. Overall, there was 70% compliance.**

Selection Basis/Criteria:

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☒ **Manual**

☐ **Other :** _____

DATE SUBMITTED: **October 13, 1998**

BEST PRACTICE CATALOG

Project Title: **PROGRAM I CONTINUOUS QUALITY IMPROVEMENT**

Function Category: ☐ **PATIENT-FOCUSED** ☒ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Improving Organization Performance** Heading: **Quality Improvement**

Key Word(s): **Continuous Quality Improvement**

Contact Person: **Ken Layman, P.A.** Telephone Number: **(562) 409-7100**

Hospital: **Metropolitan State Hospital**

Purpose: **The continuous quality improvement program in the Children and Adolescent Treatment Program at Metropolitan State Hospital involves a continuous effort by all members of the program to meet the needs of its patients and other customers. This requires a shift in thinking, as it emphasized the value of exceeding standards, not just meeting thresholds or providing "quick fixes" to difficult problems.**

Brief Description: **The program involves training the staff of the program in CQI "tools" to help facilitate quality improvement and identify what should be measured. The program strives to determine "best-in-class" performance measurement techniques by benchmarking its performance with other like facilities. The program strives to add a view to the program's mission to include the concept that we are patient/customer focused. Staff are reminded that quality is everyone's responsibility.**

In addition, quality assurance is not viewed as an end in itself, but a mechanism to continuously improve the quality of services in the program. CQI tools are utilized to find a process to improve, organize a work effort, clarify current knowledge of the process, understand process variation and capability, and select a strategy for continued improvement. Tools such as brainstorming, cause and effect diagrams, pareto charts and flow charting have been recently used to identify root causes in processes and problems such as an increase in restraint and seclusion usage during a particular month. Through these tools, staff were able to identify the root cause of the variance and make improvements to address these causes.

Another example is our recently formed Point and Level System Process Action Team. This team is improving an existing process by using CQI tools procedures, such as development of a mission statement, benchmarking , satisfaction to customers and suppliers, and tools to analyze variance. Through these endeavors, the quality of care and treatment provided will be positively impacted, meeting our commitment as a facility to "provide mental health services that improve quality of life."

Selection Basis/Criteria:

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☐ **Other : _____**

DATE SUBMITTED: **October 13, 1998**

BEST PRACTICE CATALOG

Project Title: **EEO HIRING PANEL REPRESENTATIVE TRAINING**

Function Category: ☐ **PATIENT-FOCUSED** ☒ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Improving Organization Performance** Heading: **Quality Improvement**

Key Word(s): **Hiring Process**

Contact Person: **Nancy Martin, EEO Officer** Telephone Number: **(707) 253-5562**

Hospital: **Napa State Hospital**

Purpose: **To provide a tool that monitors the effectiveness of the hiring process that meets the needs of the hospital.**

Brief Description: **Announcement is generated to all hospital staff that the Equal Employment Opportunity Office is seeking candidates to submit an application to participate as a hiring panel representative. The candidates are given intense training and participate in a quarterly meeting where additional training or inservice is held. These trained representatives add value to the hiring process by providing feedback, identifying issues, and sharing positive information, which expedites the hiring of applicants. A new hiring document that eliminated unnecessary data has been implemented. Candidates apply (with supervisor's and department head's approval) to the EEO Officer. The EEO Office reviews the candidate's application. Application is then submitted to the Executive Policy Team for approval. If approved by the Executive Policy Team, candidate is notified that he/she is eligible to be a Hiring Panel Representative. The committee reports to the Executive Director.**

Selection Basis/Criteria:

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☐ **Other _____**

DATE SUBMITTED: **October 19, 1998**

II. A. 1. 007

BEST PRACTICE CATALOG

Project Title: **QUALITY IMPROVEMENT SYSTEM**

Function Category: ☐ **PATIENT-FOCUSED** ☒ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Improving Organization Performance** Heading: **Quality Improvement**

Key Word(s): **Quality Improvement System**

Contact Person: **Blanche Sherer, QIC** Telephone Number: **(909) 425-7677**

Hospital: **Patton State Hospital**

Purpose: **The purpose of the Quality Improvement System is to provide a quality improvement model to guide the hospital's operational system.**

Brief Description: **The Quality Improvement System is a philosophy, which encourages the pursuit of quality patient care and empowers all staff to systematically improve the performance of important organizational functions and patients services. The Quality Improvement System requires total commitment from the Executive Management Team as well as all staff meeting customer requirements in the customer-supplier relationship. This system is the foundation upon which the process of work is accomplished at Patton State Hospital.**

Selection Basis/Criteria:

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☒ **Manual**

☐ **Other : _____**

DATE SUBMITTED: **October 19, 1998**

CALIFORNIA DEPARTMENT OF Mental Health

LTCS BEST PRACTICE CATALOG SUBMISSION

Project Title: Transfer to Higher Level of Care - Analysis

Function Category:

☐ **PATIENT-FOCUSED** ☒ **ORGANIZATION** ☐ **STRUCTURES**

Sub-category(s): Improving Organizational Performance **Heading:** Quality Improvement

Contact Person: Ron Lapp, MD **Telephone Number: 805-468-2281**

Hospital: **Atascadero State Hospital**

The following items are available regarding this Best Practice:

☒**Sample Reports** ☒**Data Gathering Forms**

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

1. **SELECTION OF PROJECT/PROCESS AREA (Describe how and why your team selected this project/process area for improvement.):**

The Department of Medicine and numerous departments of Central Medical Services (Medical Clinics, Dental Clinic, Radiology, ECG/EEG, Clinical Laboratory, and Outside Referred Care [contract services]) had been monitoring their important aspects of care by randomly picking cases and charts for review. This involved looking at numerous unrelated and usually uncomplicated cases and yielded few opportunities for improvement. Several years ago a decision was made to select cases where something had gone wrong. Cases which met certain criteria for being transferred to a **higher level of care** were to be selected. A transfer to a higher level was defined as a transfer to the Medical Infirmary, the Urgent Care Room, or to an outside community hospital. Cases selected for review included all cases transferred because of an Adverse Drug Reaction, a previously Undiagnosed Medical Condition, a Chronic Illness which Deteriorated, all cases of Suicide Attempt or Self Harm, all Unanticipated Transfers from the Admission Suite to Infirmary, and all Other Transfers to a Community Hospital. This yields about ten cases per month total.

2. UNDERSTANDING EXISTING CONDITION WHICH NEEDS IMPROVEMENT

(Describe the relationship of your project to your goals for improvement, and describe current process performance.):

The departments involved are constantly looking for opportunities for improvement. The new process for selecting cases for review yielded more opportunities since these cases potentially involved breakdowns in the current system of providing medical care.

3. ANALYSIS (Describe how the problem was analyzed.):

The consensus of all groups involved was that randomly picking charts – often of non-problematic patients was a waste of time because very few opportunities for improving care were discovered or revealed.

4. IMPLEMENTATION (Describe your implementation of the solution.):

The Transfers to a Higher Level of Care Committee meets once a month to discuss the previous months cases. This committee includes Physician and Surgeons, Staff Psychiatrists, Nurses, a Social Worker, a Psychologist, and a Pharmacist. The committee takes an overall global look at all care prior to, during, and after the transfer to see if the care rendered met a reasonable standard of care, and if not, what recommendations for improvement can be made. The management of each case is rated as follows: I = Within Standard of Care, II = Marginal Deviation From Std., III = Significant Deviation From Std., IV = Egregious. Dev. From. Std. or Non Compliance with QA & I Rec. These ratings are passed on to the Medical Staff Office and are used as the basis for part of the Department of Medicine's and Department of Psychiatry's peer review process.

All selected cases are then reviewed at a separate meeting by the numerous departments of Central Medical Services listed above and including the Department of Medicine and Nurse Practitioner Services. A monitoring tool is utilized by each department or discipline which looks specifically at the care provided by their own area. For example, the Radiology Department (as all other departments) looks to see that care provided by their area before, during, or after the transfer was a good standard of care as measured by the following criteria as appropriate: 1) Were referrals appropriate? 2) Were consultants and patient available? 3) Did consultation demonstrate continuity? 4) Were requests and responses legible? 5) Was the problem addressed? 6) Were there complications from the recommendations or procedures, 7) Was the consultation or treatment efficacious w? 8) Was the report or consultation completed in a timely manner?

5. **RESULTS** **(Demonstrate that an improvement has occurred as a result of the project/process area implementation.):**

This process has led to more opportunities for improvement. Examples include problems with timeliness of lab slip delivery resolved by developing a better delivery system. Numerous transfers because of new diabetes has led to periodic screening for diabetes on patients taking certain medications.

6. **LEARNING** **(Describe what the team learned and how they used those lessons to continuously improve the success of this Best Practice.):**

This process has shown some patterns, ie: patients on some medications are more likely to get diabetes. However, most problems in patient care are isolated and usually not related. Discussion of problematic areas in the Departments of Medicine and Psychiatry help prevent their recurrence.

BEST PRACTICE CATALOG

Project Title: **ANNUAL STRATEGIC PLANNING OFFSITE**

Function Category: ☐ **PATIENT-FOCUSED** ☒ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Leadership** Heading: **Planning**

Key Word(s): **Performance Improvement**

Contact Person: **Cindy Ramage, SCC** Telephone Number: **(805) 468-2000**

Hospital: **Atascadero State Hospital**

Purpose: **To brainstorm with, and gain perspective from, a variety of Atascadero State Hospital customers to compile improvement objectives for the next fiscal year.**

Brief Description: **One hundred forty customers (employees, courts, Department of Corrections, CONREP, family etc.) gather and meet in teams (the twelve key functions) to assess the needs and priorities of the key function.**

Selection Basis/Criteria: **The outcome of the offsite incorporates the needs and perspectives of many customers into the hospital's annual Performance Improvement and Strategic Plans.**

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☒ **Other : Offsite Booklet**

DATE SUBMITTED: September 17, 1998

II. B. 1. 001

BEST PRACTICE CATALOG

Project Title: **COMPREHENSIVE STRATEGIC PLAN**

Function Category: ☐ **PATIENT-FOCUSED** ☒ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Leadership** Heading: **Planning**

Key Word(s): **Leadership**

Contact Person: **Cindy Ramage, SCC** Telephone Number: **(805) 468-2000**

Hospital: **Atascadero State Hospital**

Purpose: **The purpose is to create a strategic planning process that integrates four important components of hospital management.**

Brief Description: **1. Facility Declaration-statement of mission, visions, values, etc.**

2. Written plan of services provided-description of patient population and treatment programs.

3. Performance Improvement plan-annual goals improvement objectives.

4. Annual operating budget which provides resources for the above.

Numbers 1, 2, & 3 are written in the form of administrative directives.

Selection Basis/Criteria: **Atascadero State Hospital uses the Headquarters Strategic Plan when formulating its plan to assure that we are responsive to HQ, and we use our Atascadero State Hospital goals and objectives to develop individual management performance contracts.**

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☒ **Other : Schematic diagram of plan components and the actual comprehensive strategic plan.**

DATE SUBMITTED: September 17, 1998

BEST PRACTICE CATALOG

Project Title: **HIM DEPARTMENT/CELEBRATION OF NATIONAL HIM WEEK/OPEN HOUSE**

Function Category: ☐ **PATIENT-FOCUSED** ☒ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Leadership** Heading: **Planning**

Key Word(s): **Health Information Management department; Medical Records**

Contact Person: **Manjeet Saghera** Telephone Number: **(562) 651-2279**

Hospital: **Metropolitan State Hospital**

Purpose: **Promote recognition of the profession, awareness of our hard work, and the importance of our role in the hospital for patient care, and the myriad of services we offer. It is an excellent opportunity to share this information with the rest of the hospital staff through a departmental open house. It really is an educational tool in that it gives others a greater understanding of what we do. It fosters cooperation by creating a feeling that we are all on the same team. Planning this event ahead of time ensures a successful celebration.**

Brief Description: ***History:*** **National Health Information Management Week is celebrated in facilities across the nation. This special week got its start in 1988 at American Medical Record Association, which is now called the American Health Information Management Association (AHIMA). During the annual meeting in Dallas a resolution was introduced in the House of Delegates for all state associations to celebrate National Medical Record Week two weeks prior to the national meeting. Before that, every state had its own week at different times during the year. It was then decided it would bring us more recognition if we all celebrated at the same time. Delegates voted unanimously in favor of the resolution, and the following year the first National Medical Record Week was celebrated. In general, National Health Information Management (HIM) week is slated for the first week of each November.**

Selection Basis/Criteria:

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☐ **Other : _____**

DATE SUBMITTED: **October 13, 1998**

II. B. 1. 003

BEST PRACTICE CATALOG

Project Title: **CHILD AND ADOLESCENT STEERING COMMITTEE**

Function Category: ☐ **PATIENT-FOCUSED** ☒ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Leadership** Heading: **Planning**

Key Word(s): **Community and Customer Involvement**

Contact Person: **Cynthia Woodruff, Program Director** Telephone Number: **(562) 409-7188**

Hospital: **Metropolitan State Hospital**

Purpose: **To provide opportunities for community and agency involvement in the Child and Adolescent Program at Metropolitan State Hospital.**

Brief Description: **A Child and Adolescent Steering Committee was established to provide a monthly forum for agencies who have children placed at Metropolitan State Hospital to have input into the treatment program, provide information and education on children's issues, resolve conflicts, establish policies and procedures, and establish effective communication and networking throughout the Children's System of Care. The committee is comprised of representatives from Metropolitan State Hospital, LACO DMH/Children's Services, DCFS, Probation, Child Advocacy Services, Children's Commission, LACOE, San Bernardino County Mental Health, and Riverside Mental Health.**

Selection Basis/Criteria:

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☐ **Other : _____**

DATE SUBMITTED: **October 13, 1998**

BEST PRACTICE CATALOG

Project Title: **ATASCADERO STATE HOSPITAL WEATHER EMERGENCY TEAM (WET)**

Function Category: ☐ **PATIENT-FOCUSED** ☒ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Leadership** Heading: **Integrating and Coordinating Services**

Key Word(s): **Environment of Care, Management of Information Plan for natural disasters**

Contact Person: **Susan Everett** Telephone Number: **(805) 468-2000**

Hospital: **Atascadero State Hospital**

Purpose: **Identify and plan for safe and continued hospital operations under less than suitable weather conditions.**

Brief Description: **A team was organized to identify conditions where preventative action/plans could be prioritized, and implemented with the threat of an "El Nino" weather forecast. Areas of the hospital operations were identified, prioritized, contingency actions were planned, responsible individuals/departments named, and preparations completed in order to be prepared for the possibility of extreme weather conditions.**

Selection Basis/Criteria: **Preparations and contingency plans avoided flooding, provided for immediate cleanup of downed trees, and more.**

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☒ **Other : Prioritized list of identified severe weather interventions.**

DATE SUBMITTED: September 17, 1998

BEST PRACTICE CATALOG

Project Title: **KEY FUNCTION PROCESS MANAGEMENT TEAM STRUCTURE**

Function Category: ☐ **PATIENT-FOCUSED** ☒ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Leadership** Heading: **Integrating and Coordinating Services**

Key Word(s): **Leadership**

Contact Person: **Cindy Ramage, SCC** Telephone Number: **(805) 468-2035**

Hospital: **Atascadero State Hospital**

Purpose: **Create a hospital management structure whereby all facets (key functions) of hospital operation are systematically reviewed by interdisciplinary teams and reported to executives and administrators.**

Brief Description: **Atascadero State Hospital has interdisciplinary process management teams (PMT) for each of the JCAHO Key Functions: (*=Atascadero State Hospital established 2 additional Key Function PMT's)**

- **Assessment**
- **Human Resources**
- **Leadership (QC)**
- **Patient Rights**
- **Infection Control**
- **Continuum of Care**
- **Patient/Family Edu.**
- **Care of the Patient**
- **Mngmnt of Information**
- **Environment of Care**
- **Performance Improve.**
- **Forensic Services***
- **Security***

Selection Basis/Criteria: **The teams are knowledgeable about the hospital's compliance to the JCAHO standards for that key function. They collect data on how well that function is performed throughout the hospital and identify opportunities for improvement. The teams report their findings and progress each quarter to hospital executives and meet with the Quality Council for an annual presentation. The teams also give input to the process of the annual strategic planning offsite helping to ensure comprehensive participation in the formation of the hospital's strategic plan.**

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☒ **Other : Policies/Procedures, Flow Diagrams**

DATE SUBMITTED: October 20, 1998

BEST PRACTICE CATALOG

Project Title: **FINGERPRINTS & COMMUNITY RELATIONS**

Function Category: ☐ **PATIENT-FOCUSED** ☒ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Leadership** Heading: **Integrating and Coordinating Services**

Key Word(s): **Fingerprinting; Live scan**

Contact Person: **Walt Thurner, Chief of Police** Telephone Number: **(562) 651-5689**

Hospital: **Metropolitan State Hospital**

Purpose: **There is a great deal of concern in the community about the presence of a mental hospital in the neighborhood. Members of the city and surrounding school districts became very vocal with the addition of penal code patients to our hospital population. New legislative action requires that all school employees be subject to a background investigation including a record check. City employees are also subjected to record checks. Neither of these governmental entities have direct access to DOJ record systems.**

Brief Description: **Metropolitan State Hospital acquired a "Live Scan" fingerprint machine to facilitate record checks of our own prospective employees. Criminal record checks that had taken several weeks are now completed, electronically, in a matter of minutes. Return information can be obtained from DOJ by e-mail. We offered the service to City Hall and our adjacent school districts at no charge. We coached them through the DOJ bureaucracy and provided information on the e-mail technique. We set up direct billing to DOJ so that there is no added paperwork burden to the hospital. The cost to the Hospital is a few man-hours per week to actually take the prints. The school districts are thrilled with the speed, cooperation, and quality of service. A side benefit for us is the training opportunity. Because of the added volume of fingerprints, we were able to rapidly train several of our officers on the use of the machine.**

Selection Basis/Criteria:

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☐ **Other :**

DATE SUBMITTED: **October 13, 1998**

BEST PRACTICE CATALOG

Project Title: **HOSPITAL POLICE/CLINICAL CONSULTATION GROUP**

Function Category: ☐ **PATIENT-FOCUSED** ☒ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Leadership** Heading: **Integrating and Coordinating Services**

Key Word(s): **Collaboration, Understanding, Mutuality, Interface**

Contact Person: **Ann Long, LCSW, Chief Social Work Services** Telephone Number: **(707) 253-5737**

Hospital: **Napa State Hospital**

Purpose: **Provides a forum for hospital police and clinicians with consultation from forensic specialist, Richard Yarvis, M.D., to discuss and enhance the interface of these two vital hospital entities, to develop mutually agreed upon rules of engagement, debrief incidents; and offer front-line input into the development and implementation of hospital directives and procedures involving the interface of hospital police, clinicians, and clients.**

Brief Description: **This consultation group is composed of two hospital police officers, 16 clinicians representing programs, Forensic and Community Liaison Department, Behavioral Management Team, Training Department, and hospital administration; Richard Yarvis, M.D., serves as a facilitator/consultant. The chair is a HPO I. The group reports directly to the Executive Director.**

Selection Basis/Criteria: **Members volunteered in response to a bulletin ad; the initial work group selected members based on their willingness/ability to serve as a liaison between their program staff, to interact in a positive non-punishing manner with a solution orientation. The Clinical Director and the Executive Director screened final recommendations.**

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☐ **Other _____**

DATE SUBMITTED: October 19, 1998

II. B. 3. 004

BEST PRACTICE CATALOG

Project Title: **NEIGHBORS OF PATTON QUARTERLY MEETING**

Function Category: ☐ **PATIENT-FOCUSED** ☒ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Leadership** Heading: **Integrating and Coordinating Services**

Key Word(s): **Community Relations**

Contact Person: **William L. Summers, E.D.** Telephone Number: **(909) 425-7321**

Hospital: **Patton State Hospital**

Purpose: **To provide our local community/neighbors with information regarding the hospital, patient populations and future plans for the hospital. This also gives the members an opportunity to ask questions, become educated about our patients and mental illness.**

Brief Description: **The meeting occurs the first Tuesday of each quarter and the membership includes neighbors who live near the hospital, Patton State Hospital administration members, Department of Corrections Captain, local legislators, and local law enforcement and fire department officers. The meeting is chaired by the Executive Director, usually lasts about one hour, and has assisted the hospital in building a positive relationship with all of its neighbors.**

Selection Basis/Criteria:

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☐ **Other : _____**

DATE SUBMITTED: October 16, 1998

BEST PRACTICE CATALOG

Project Title: **PATTON STATE HOSPITAL/CONREP FORENSIC COMMITTEE**

Function Category: ☐ **PATIENT-FOCUSED** ☒ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Leadership** Heading: **Integrating & Coordinating Services**

Key Word(s): **Patton State Hospital/CONREP**

Contact Person: **Lynnette McDermott, CFL** Telephone Number: **(909) 425-7891**

Hospital: **Patton State Hospital**

Purpose:

To improve communication between Patton State Hospital and CONREP with the goals of:

1.) Ensuring that every patient eligible for CONREP services is discussed by staff from both agencies within the first year of the patient's admission to the hospital and within six to twelve months of a COT recommendation by the hospital.

2.) Eliminating the possibility of any patient who is eligible for CONREP services from being released without CONREP supervision.

Brief Description:

Patton State Hospital's Medical Director, Chief of the Community and Forensic Liaison Office, and Forensic Coordinator will meet with the Southern Region CONREP Operations consulting psychologist on a quarterly basis to discuss and implement specific plans to meet the above goals.

Selection Basis/Criteria:

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☐ **Other : _____**

DATE SUBMITTED: October 19, 1998

II. B. 3. 006

BEST PRACTICE CATALOG

Project Title: **AREA SPECIFIC SAFETY COORDINATORS**

Function Category: ☐ **PATIENT-FOCUSED** ☒ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Management of the Environment** Heading: **Design**

Key Word(s): **Management of Environment of Care**

Contact Person: **Susan Everett** Telephone Number: **(805) 468-2000**

Hospital: **Atascadero State Hospital**

Purpose: **To communicate safety information, increase safety awareness and address safety issues at the daily work level on a continual basis.**

Brief Description: **Each program/department has an assigned safety coordinator who chairs a monthly meeting, which includes both patients and staff. Minutes are posted regularly. The coordinators meet monthly to discuss safety issues, help each other with solutions and make recommendations to the Environment of Care PMT. Each coordinator assesses area injuries for prevention on a monthly basis, for trends on a quarterly basis, and helps with the MSDS inventory and indexing process.**

Selection Basis/Criteria: **The position is strictly voluntary and individuals serve in addition to the responsibilities of their assigned positions. The teams provide a forum for communication and interaction between the work locations and the Health and Safety Department.**

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☒ **Other : Administrative Directive**

DATE SUBMITTED: September 14, 1998

BEST PRACTICE CATALOG

Project Title: **COURTYARD ENHANCEMENT PROJECT**

Function Category: ☐ **PATIENT-FOCUSED** ☒ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Management of the Environment** Heading: **Design**

Key Word(s): **Management of Environment of Care**

Contact Person: **Robert Gibson, RT** Telephone Number: **(805) 468-2000**

Hospital: **Atascadero State Hospital**

Purpose: **To create a more therapeutic and pleasant courtyard environment for use by patients on Program VII.**

Brief Description: **A programwide (staff) courtyard ad hoc planning committee was implemented to help coordinate this project. Various groups were created to help beautify the program courtyard including garden groups and a mural painting group. A courtyard plan was developed by patients and staff.**

Selection Basis/Criteria: **Any patient on Program VII interested in gardening or painting was an eligible patient if they functioned at a level 3. Patients were referred to various program groups by unit rehabilitation therapists.**

The following items are available regarding this Best Practice:

☒ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☐ **Other :**

DATE SUBMITTED: **September 14, 1998**

BEST PRACTICE CATALOG

Project Title: **LANDSCAPE/GROUNDS MAINTENANCE SCHEDULE**

Function Category: ☐ **PATIENT-FOCUSED** ☒ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Management of the Environment** Heading: **Design**

Key Word(s): **Schedule – grounds maintenance**

Contact Person: **Michael Marshall** Telephone Number: **(562) 651-3140**

Hospital: **Metropolitan State Hospital**

Purpose: **To ensure the entire campus grounds are aesthetically pleasing and conductive to a safe, functional rehabilitative environment.**

Brief Description: **The entire 162 acres of the hospital was evaluated and segregated into individual zones. These zones are assigned to specific groundkeepers for scheduled weekly maintenance and other periodic attention.**

Selection Basis/Criteria: **The vast acreage of the hospital's grounds could not be effectively maintained without a schedule. To ensure proper maintenance and nurture "Pride of Work," the campus was zoned and assigned to individual ground's maintenance staff.**

The following items are available regarding this Best Practice:

☒ **Photographs** ☐ **Video Tape** ☒ **Drawings** ☒ **Manual**

☐ **Other : _____**

DATE SUBMITTED: **October 13, 1998**

BEST PRACTICE CATALOG

Project Title: **CLINICAL SAFETY PROJECT (CSP)**

Function Category: ☐ **PATIENT-FOCUSED** ☒ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Management of the Environment** Heading: **Implementation**

Key Word(s): **Environment of Care**

Contact Person: **Colleen Love, R.N., Ph.D.** Telephone Number: **(805) 468-2000**

Hospital: **Atascadero State Hospital**

Purpose: **Reduce and minimize inpatient violence related injuries.**

Brief Description: **Based on a value of a "norm of non-violence," the CSP monitors data and consults on inpatient violence, and translates data findings into meaningful changes in policy and procedure.**

Selection Basis/Criteria: **Over the past 10 years the CSP has facilitated a substantial reduction in both the numbers of violent events and violent related injuries. They have also won recognition and awards for their projects.**

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☐ **Other : _____**

DATE SUBMITTED: October 20, 1998

BEST PRACTICE CATALOG

Project Title: **MEALTIME VIOLENCE REDUCTION**

Function Category: ☐ **PATIENT-FOCUSED** ☒ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Management of the Environment** Heading: **Measuring Outcomes**

Key Word(s): **Care of Patients, Environment of Care**

Contact Person: **Colleen Love, R.N., Ph.D.** Telephone Number: **(805) 468-2000**

Hospital: **Atascadero State Hospital**

Purpose: **Reduction of the number and severity of violent episodes in the patient dining rooms.**

Brief Description: **A Quality Action Team was established and reviewed all aspects of patient activity surrounding the mealtime hours. Based on collected data, including a patient survey, mealtime procedures were altered. Metal silverware was replaced with plastic ware, therapeutic music was selected for the dining room, and alternative mealtime activities were provided for those patients who did not want to eat or who wanted to leave the dining rooms early.**

Selection Basis/Criteria: **A 47% reduction in violent episodes was achieved and sustained. This project won the JCAHO Codman Performance Improvement Award in October of 1998.**

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☐ **Other : _____**

DATE SUBMITTED: **September 17, 1998**

BEST PRACTICE CATALOG

Project Title: **PATIENT INJURY TRACKING**

Function Category: ☐ **PATIENT-FOCUSED** ☒ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Management of the Environment** Heading: **Measuring Outcomes**

Key Word(s): **Management of Environment**

Contact Person: **Susan Everett** Telephone Number: **(805) 468-2000**

Hospital: **Atascadero State Hospital**

Purpose: **To obtain specific data on patient injuries for monitoring and analysis.**

Brief Description: **Our previous system only distinguished between accidental and non-accidental injuries. Our new system includes type, cause, and severity of injury as well as more detailed data on location and type of incident.**

Selection Basis/Criteria: **The more in-depth data allows for trending and for enhanced injury prevention activities.**

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☒ **Other : Sample Data and Graphs.**

DATE SUBMITTED: September 14, 1998

II. C. 3. 002

BEST PRACTICE CATALOG

Project Title: **SPEED AWARENESS PROGRAM**

Function Category: ☐ **PATIENT-FOCUSED** ☐ **ORGANIZATION** ☒ **STRUCTURES**

Subcategory: **Security** Heading: **N/A**

Key Word(s): **Traffic Safety –Speed**

Contact Person: **Walt Thurner, Chief of Police** Telephone Number: **(562) 651-5689**

Hospital: **Metropolitan State Hospital**

Purpose: **To heighten awareness of the speed limit and protect patients, staff, and visitors on hospital grounds.**

Brief Description: **Several times each week, the City of Norwalk Safety Patrol Police loan the hospital their speed indicator trailer. The 6x8 trailer is radar equipped. As a vehicle approaches the trailer, the speed the vehicle is traveling is displayed in large, 18 inch yellow numbers. Cars passing the device slow down to the posted speed limit. The intent of the program is to care for the safety of our patients, staff, and visitors by improving traffic awareness in our drivers. We want to reduce speed and, thereby reduce accidents.**

Selection Basis/Criteria:

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☐ **Other : _____**

DATE SUBMITTED: **October 13, 1998**

BEST PRACTICE CATALOG

Project Title: **BICYCLE PATROL**

Function Category: ☐ **PATIENT-FOCUSED** ☐ **ORGANIZATION** ☒ **STRUCTURES**

Subcategory: **Security** Heading: **N/A**

Key Word(s): **Bicycle - Patrol**

Contact Person: **Walt Thurner, Chief of Police** Telephone Number: **(562) 651-5689**

Hospital: **Metropolitan State Hospital**

Purpose: **Metropolitan State Hospital is a 162 acre campus with large grassy areas. Many of these areas are difficult to access with a patrol vehicle.**

Brief Description: **We established a "Bicycle Patrol" for the hospital campus with a small cadre of officers who had already taken a P.O.S.T. Certified "Bike Patrol" course. Two mountain bikes were painted black & white, equipped with red lights, sirens, and first aid kits. The officers on Bicycle Patrol are a novelty. As a result, they attract a lot of attention. The attention translates to a highly visible preventative patrol. We have improved response time by cutting across areas that a vehicle would have to drive around. The staff and patients seem to like the Bike Patrol. Feedback is that it breaks down some of the barriers that are elemental to an officer in a vehicle.**

Selection Basis/Criteria:

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☐ **Other : _____**

DATE SUBMITTED: **October 13, 1998**

BEST PRACTICE CATALOG

Project Title: **PRE-SHIFT BRIEFING**

Function Category: ☐ **PATIENT-FOCUSED** ☐ **ORGANIZATION** ☒ **STRUCTURES**

Subcategory: **Security** Heading: **N/A**

Key Word(s): **Training; Hospital Police**

Contact Person: **Walt Thurner, Chief of Police** Telephone Number: **(562) 651-5689**

Hospital: **Metropolitan State Hospital**

Purpose: **Training time is critical. It is also very expensive, usually in terms of overtime. Personnel in training are lost to the organization. The quality of decisions is directly related to the quality of the information on which those decisions are based. Our officers were "relieving on post." That is, officers came to work and went directly to their assigned post.**

Brief Description: **We instituted a "pre-shift briefing." Every officer reports to the "briefing room" at the beginning of the shift. If they are late for briefing, they are tardy. The supervisor makes shift assignments, new policies or procedures are read and explained, questions are answered and group discussions occur. Officers are provided with up-to-date, accurate information on which to base decisions.**

Selection Basis/Criteria:

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☐ **Other : _____**

DATE SUBMITTED: October 13, 1998

BEST PRACTICE CATALOG

Project Title: **WORKPLACE SECURITY & ASSESSMENT COMMITTEE**

Function Category: ☐ **PATIENT-FOCUSED** ☐ **ORGANIZATION** ☒ **STRUCTURES**

Subcategory: **Security** Heading: **N/A**

Key Word(s): **Workplace Security**

Contact Person: **Jeffrey Zwerin, D.O.** Telephone Number: **(707) 253-5434**

Hospital: **Napa State Hospital**

Purpose: **To provide rapid assessment and ongoing review of incidents involving potential violence among employees.**

Brief Description: **This committee provides oversight and reviews issues involving violence in the workplace. Members receive inservice training; cases are discussed confidentially with program managers and recommendations made.**

Selection Basis/Criteria: **This committee is extremely important in reducing the possibility of workplace violence and to assure a no violence tolerance at the Hospital. It is also a good mechanism for managers and supervisors when seeking direction or information regarding potential violence and confrontations.**

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☒ **Manual**

☐ **Other :** _____

DATE SUBMITTED: **October 19, 1998**

II. C. 4. 004

BEST PRACTICE CATALOG

Project Title: **HOSPITALWIDE SECURITY IDENTIFICATION SYSTEM**

Function Category: ☐ **PATIENT-FOCUSED** ☐ **ORGANIZATION** ☒ **STRUCTURES**

Subcategory: **Security** Heading: **N/A**

Key Word(s): **Identification Badge**

Contact Person: **Jack Lemanski** Telephone Number: **(909) 425-7254**

Hospital: **Patton State Hospital**

Purpose: **The purpose of this system is to provide a procedure which will ensure the security environment for all patients, staff, and visitors.**

Brief Description: **Patton State Hospital and the Department of Corrections maintain the perimeter security by means of an employee and patient identification system that allows for an enhanced security check for employees passing through secured areas. The patient badge provides the hospital with the capability to schedule, record, and track patient movement within the hospital security compounds, attendance at treatment programs, annual physicals, clinical appointments, etc.**

Selection Basis/Criteria:

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☐ **Other : _____**

DATE SUBMITTED: October 19, 1998

II. C. 4. 005

CALIFORNIA DEPARTMENT OF Mental Health

LTCS BEST PRACTICE CATALOG SUBMISSION

Project Title: Automation of Key Control
Function Category:

☐ **PATIENT-FOCUSED** ☐ **ORGANIZATION** ☐ **STRUCTURES**

Sub-category(s): Management of Environment **Heading:** Security

Contact Person: Lana Daly **Telephone Number:** (707) 253-5656

Hospital: Napa State Hospital

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

1. **SELECTION OF PROJECT/PROCESS AREA (Describe how and why your team selected this project/process area for improvement.):**

Key control has been a problem throughout the hospital and in Program 10. It was an archaic system, which involved filling out index cards and the cross-reference of names and numbers, which always fell short of accuracy.

2. **UNDERSTANDING EXISTING CONDITION WHICH NEEDS IMPROVEMENT**
(Describe the relationship of your project to your goals for improvement, and describe current process performance.):

There were a number of hospital/departmental requirements, which were implemented, in an uncoordinated fashion. The process was time consuming because it had been developed as requirements changed and was not automated.

ANALYSIS **(Describe how the problem was analyzed.):**

1. The system needed to be automated;
2. All hospital and department requirements needed to be met.

The process needed to be consolidated to reduce duplication and to make it "user friendly."

3. IMPLEMENTATION **(Describe your implementation of the solution.):**

Using the database program "Access," the required information was identified and fields developed to include employee names, key type with key ID number, alarm pen, date of issue, and date of return. A Miscrosoft Word form was created to allow for employees to sign indicating they are receiving the keys and alarm pen. The form is filed in their employee file in the program office.

4. RESULTS **(Demonstrate that an improvement has occurred as a result of the project/process area implementation.):**

Key control is less cumbersome and all requirements are met. When keys are lost, there is now a way to readily retrieve the name of the employee assigned to those keys. Record keeping time has been reduced.

5. LEARNING **(Describe what the team learned and how they used those lessons to continuously improve the success of this Best Practice.):**

This has provided a model for consolidation and computerization of other tasks in the program.

BEST PRACTICE CATALOG

Project Title: **ANNUAL TRAINING EVALUATION PROCESS**

Function Category: ☐ **PATIENT-FOCUSED** ☒ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Management of Human Resources** Heading: **Orientating, Training Educating Staff**

Key Word(s): **Training**

Contact Person: **Liz Souza** Telephone Number: **(805) 468-2000**

Hospital: **Atascadero State Hospital**

Purpose: **To evaluate the effectiveness of staff training provided at Atascadero State Hospital.**

Brief Description: **Each year the training center selects an area of training to evaluate.**

Selection Basis/Criteria: **Staff satisfaction and opportunities for improvement in training are identified.**

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☒ **Other : Previous Training Evaluations are available.**

DATE SUBMITTED: September 15, 1998

BEST PRACTICE CATALOG

Project Title: **SOCIAL WORK INTERNSHIP PROGRAM**

Function Category: ☐ **PATIENT-FOCUSED** ☒ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Management of Human Resources** Heading: **Orientating, Training and Educating Staff**

Key Word(s): **Master of Social Work, Internship, M.S.W.**

Contact Person: **Jules Bregman, L.C.S.W., CGP** Telephone Number: **(909) 425-7807**

Hospital: **Patton State Hospital**

Purpose: **To educate and train social work students in the practice of social work.**

Brief Description: **The Master of Social Work Internship Program is geared toward providing field instruction and clinical supervision to graduate level social work students enrolled in accredited graduate Social Work University/College programs. The program runs concurrently with the academic year and summer block session. The focus of our program is clinical social work with an emphasis on individual and group psychotherapy and case management. Interns are part of the unit interdisciplinary team, monitored by a full-time unit social worker, assigned a caseload of 5-7 patients, work on engaging effectively with the team process and are assigned at least one group. Interns are also responsible for all documentation for those patients on their caseload.**

Selection Basis/Criteria:

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☒ **Manual**

☐ **Other : _____**

DATE SUBMITTED: **October 16, 1998**

BEST PRACTICE CATALOG

Project Title: **PSYCHOLOGY INTERNSHIP**

Function Category: ☐ **PATIENT-FOCUSED** ☒ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Management of Human Resources** Heading: **Orientating, Training and Educating Staff**

Key Word(s): **Psychology, Education, and Patient Care**

Contact Person: **April Wursten, Ph.D.** Telephone Number: **(909) 425-7511**

Hospital: **Patton State Hospital**

Purpose: **The American Psychological Association accredited psychology internship program was created over 34 years ago to foster development of well-rounded entry level clinical psychologists who can function effectively in a wide variety of settings and who have also developed some specialized skills in the areas of forensic psychology and treatment of the severely mentally ill. Over time, it has come to serve three additional purposes for the hospital. First, opportunities to teach in a nationally recognized training program attract (and retain) excellent psychology staff. Second, graduates from this program are highly competitive and valued entry level psychologists at Patton and other DMH and CDC facilities. Finally, the internship program provides the psychology staff at Patton with avenues to keep abreast of the latest developments in clinical and forensic psychology.**

Brief Description: **The psychology internship program at Patton is a nationally recognized program for clinical psychologists that attracts highly qualified applicants from the United States and Canada. The clinical psychology internship consists of a year of full-time supervised clinical practice in psychological assessment, psychotherapy, and consultation. Though clinical psychology interns typically have had considerable direct clinical experience with patients, the internship year forms the bridge between academia (in which there is a focus on the science of psychology and human behavior) and its application for patients/clients.**

Selection Basis/Criteria:

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☒ **Manual**

☐ **Other : _____**

DATE SUBMITTED: **October 16, 1998**

BEST PRACTICE CATALOG

Project Title: **POSTDOCTORAL FELLOWSHIP IN FORENSIC PSYCHOLOGY**

Function Category: ☐ **PATIENT-FOCUSED** ☒ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Management of Human Resources** Heading: **Orientating, Training, and Educating Staff**

Key Word(s): **Forensic, Psychology, Trainees, and Education**

Contact Person: **Pat Kirkish, Ph.D.** Telephone Number: **(909) 425-7858**

Hospital: **Patton State Hospital**

Purpose: **The Psychology Forensic Postdoctoral Fellowship was created with a two-fold purpose. The first was to utilize the resources represented by Patton staff to teach and consult within the hospital and local community. Seminars designed to advance Patton staff have been developed, using a customer satisfaction model for management teams and unit staff. The second was to train psychologists in the recognized specialty of forensic psychology.**

Brief Description: **Patton's Forensic Postdoctoral Fellowship is one of the first fellowships to train psychologists in the specialty of forensic psychology. The fellowship is a one-year full-time position that includes practical experience in conducting court ordered evaluations, child custody evaluations, and risk assessments under supervision. Additional supervised clinical activities and didactic experiences round out the psychologist's exposure to other areas of forensic practice. Patton trainees and staff have been invited to make relevant forensic presentations at various facilities, professional meetings, and conferences not only with the state and nation, but also internationally. Faculty are involved in research on violence and neuropsychological assessment of competency and have published in peer reviewed journals. The fellowship represents the highest standard of practice and scholarship. Applicants are selected from American Psychological Association approved graduate programs in internship programs in the United States and Canada.**

Selection Basis/Criteria:

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☒ **Manual**

☐ **Other : _____**

DATE SUBMITTED: **October 16, 1998**

BEST PRACTICE CATALOG

Project Title: **FORENSIC MENTAL HEALTH CONFERENCE**

Function Category: ☐ **PATIENT-FOCUSED** ☒ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Management of Human Resources** Heading: **Orientating, Training, and Educating Staff**

Key Word(s): **Forensic Education**

Contact Person: **Michael Thomas, P.D.** Telephone Number: **(909) 425-7870**

Hospital: **Patton State Hospital**

Purpose: **The purpose of the Patton State Hospital Forensic Mental Health Conference is to provide a cost-efficient forum for all interested stake holders in the continuum of forensic mental health services to receive quality education specific to forensic mental health and the challenges to accessing and providing related services. Additionally, this conference provides an opportunity for these individuals to assemble, to meet and interact on a personal level sharing their individual and collective insights for improving the treatment process.**

Brief Description: **The PSH Forensic Mental Health Conference is presented as a two-day professional conference, which offers both non-competing and concurrent educational workshops. The planning committee, in response to an annual call-for-papers, receives proposals for presentations. An effort is made to present information of interest to consumers, families, court officials, patient advocates and mental health professionals. Professional continuing education credit is offered for physicians, psychologists, social workers, nurses and psychiatric technicians.**

Selection Basis/Criteria:

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☐ **Other : _____**

DATE SUBMITTED: **October 19, 1998**

II. D. 1. 005

BEST PRACTICE CATALOG

Project Title: **MULTICULTURAL EDUCATION AND TRAINING PROGRAM**

Function Category: ☐ **PATIENT-FOCUSED** ☒ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Management of Human Resources** Heading: **Orientating, Training and Educating Staff**

Key Word(s): **Multicultural, Diversity, Cultural, Competence**

Contact Person: **Robin Huff-Musgrove, Ph.D.** Telephone Number: **(909) 425-7639**

Hospital: **Patton State Hospital**

Purpose: **To promote the development of a culturally competent system of care at Patton State Hospital by facilitating the development of congruent practice skills, attitudes, policies and structures that will coalesce within our organization and enable staff to work effectively in the context of cultural differences.**

Brief Description: **The objective of this program is to shape policies and procedures that impact the provision of culturally competent services; to provide staff with culturally relevant education and training; to improve the effectiveness of multicultural treatment teams; to improve the quality and availability of mental health services to racial and ethnic minorities, as well as improve treatment outcomes.**

Selection Basis/Criteria:

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☐ **Other : _____**

DATE SUBMITTED: **October 19, 1998**

BEST PRACTICE CATALOG

Project Title: **NEW EMPLOYEE ORIENTATION PROGRAM/MANDATED TRAINING FOLLOW-UP COURSES**

Function Category: ☐ **PATIENT-FOCUSED** ☒ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Management of Human Resources** Heading: **Orientating, Training, and Educating Staff**

Key Word(s): **Competency through Education**

Contact Person: **Grace Grant, R.N., N.I.** Telephone Number: **(909) 425-7593**

Hospital: **Patton State Hospital**

Purpose: **To provide each new employee an extensive orientation program to Patton State Hospital. This orientation is followed-up with updates in required area based on their job description.**

Brief Description: **New employee orientation is made up of 48 hours of core education. Up to an additional 120 hours of education is provided to new employees based on their duty statement. Administrative Directive 5.5 *Mandated Training* dictates the amount of orientation that each employees is required to complete upon hire and what courses are required as updates throughout their career. New employee orientation is conducted within the Staff Development Center and educational updates are offered within Staff Development Center as well as four separate satellite training centers throughout the hospital grounds. New employee orientation is coordinated by the Staff Development Center, but various other departments are involved in the presentation of course materials particular to their area.**

Selection Basis/Criteria:

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☒ **Manual**

☐ **Other : _____**

DATE SUBMITTED: **October 16, 1998**

II. D. 1. 007

BEST PRACTICE CATALOG

Project Title: **WELLNESS PROGRAM**

Function Category: ☐ **PATIENT-FOCUSED** ☒ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Management of Human Resources** Heading: **Orientating, Training, and Educating Staff**

Key Word(s): **Wellness**

Contact Person: **Vernon Fowler** Telephone Number: **(909) 425-7295**

Hospital: **Patton State Hospital**

Purpose: **Our new Wellness Center is being completed which will include a fully equipped exercise room and designated space for other organized activities to promote employees wellness.**

Brief Description: **Ongoing activities include volleyball (our three teams placed first in statewide competition), Tae Kwon Do (participating staff have earned trophies in regional competitions), basketball (noon time basketball has been conducted for over 10 years).**
All activities are led by qualified staff members with no charge. All participants attend on their own time at their own expense. Interested staff organize and conduct their own activities.

Selection Basis/Criteria:

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☐ **Other : _____**

DATE SUBMITTED: **October 19, 1998**

BEST PRACTICE CATALOG

Project Title: **EMPLOYEE BENEFITS FAIR**

Function Category: ☐ **PATIENT-FOCUSED** ☒ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Management of Human Resources** Heading: **Orientating, Training, and Educating Staff**

Key Word(s): **Employee Benefits**

Contact Person: **Patty Perez** Telephone Number: **(909) 425-7543**

Hospital: **Patton State Hospital**

Purpose: **Opportunity for employees to talk with their health and dental representatives. Also for employees to join credit unions.**

Brief Description: **Annual event when CALPERS and Department of Personnel Administration brings new materials for the calendar year and discuss the changes in coverage. Also, for employees to talk with other carriers if they are planning to change their insurance plan during the upcoming open enrollment period.**

Insurance carriers must be a plan provided by CALPERS or Department of Personnel Administration. Other vendors must provide a benefit for state employees (i.e., credit unions, home loans, auto loans, etc.)

Selection Basis/Criteria:

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☐ **Other : _____**

DATE SUBMITTED: **October 19, 1998**

BEST PRACTICE CATALOG

Project Title: **THERAPEUTIC RECREATION INTERNSHIP PROGRAM**

Function Category: ☐ **PATIENT-FOCUSED** ☒ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Management of Human Resources** Heading: **Orienting, Training and Educating Staff**

Key Word(s): **Internship, Recreation Therapy**

Contact Person: Kevin Garland, R.T. **Telephone Number: (909) 425-7731**

Hospital: **Patton State Hospital**

Purpose: **Receive training in the knowledge areas of the NCTRC National Job Analysis Study. Be able to assess patients, develop and document individualized plans based on assessment, exchange information and revise a treatment plan with input from patients, relevant others, and team members. Be able to develop specific programs consistent with goals as well as implement programs for groups and individuals. Provide co-treatment and/or cooperative programs with other team members as required. Comply with governmental, professional, agency and accreditation standards and regulations. Participate in organizational committees. Participate in planning and implementation of in-service training.**

Brief Description: **The Patton State Hospital Therapeutic Recreation Internship is designed to meet the standards of the National Council for Therapeutic Recreation Certification (NCTRC), as well as the California Board of Parks and Recreation Certification (CBPRC). For each intern, the affiliation is fifteen weeks in duration (600 hours). The evaluation of progress during the internship is based upon the intern's individual growth and self-awareness, adherence to requirements, therapeutic recreation skills, professionalism, and communication skills. Included within the internship is the opportunity to experience a mock hiring interview.**

Selection Basis/Criteria:

The following items are available regarding this Best Practice:

☐ **Photographs** ☒ **Video Tape** ☐ **Drawings** ☐ **Manual**

☐ **Other : _____**

DATE SUBMITTED: October 19, 1998

II. D. 1. 010

BEST PRACTICE CATALOG

Project Title: **DIETETIC INTERNSHIP**

Function Category: ☐ **PATIENT-FOCUSED** ☒ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Management of Human Resources** Heading: **Orientating, Training and Educating Staff**

Key Word(s): **Psychology, Education, and Patient Care**

Contact Person: **Dolores Otto-Moreno, A.D.N.S.** Telephone Number: **(909) 425-7297**

Hospital: **Patton State Hospital**

Purpose: **Dietetic Internship is to provide an opportunity for training interns to function as a competent entry level registered dietitian within the framework of the hospital's philosophy and mission.**

Brief Description: **The program is designed for interns to achieve 1320 hours of supervised practice (administrative, clinical and community nutrition) and 240 hours of didactic education in 42 weeks. Successful completion allows the intern to be eligible for national examination. The program is affiliated with about ten local agencies. Four classes have graduated with 100% pass rate on national exam on the first attempt. All are presently employed in dietetics or related fields.**

Selection Basis/Criteria:

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☒ **Manual**

☐ **Other : _____**

DATE SUBMITTED: **October 16, 1998**

BEST PRACTICE CATALOG

Project Title: **AMERICAN HEART ASSOCIATION AFFILIATION**

Function Category: ☐ **PATIENT-FOCUSED** ☒ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Management of Human Resources** Heading: **Orientation, Training, and Educating Staff**

Key Word(s): **Competency through Education**

Contact Person: **Gari-Lyn Richardson, R.N., N.I.** Telephone Number: **(909) 425-7547**

Hospital: **Patton State Hospital**

Purpose: **To provide state of the art professional education to our staff. The American Heart Association provided all research, guidelines, and certification for the implementation of their curriculum.**

Brief Description: **Direct affiliation with the American Heart Association enables Patton State Hospital to provide the most current emergency medical education that is based on current research, at the lowest cost. By deleting the affiliate training center, and affiliating directly with the American Heart Association, Patton is able to reduce the cost of providing American Heart Association certifications and increase communication between the American Heart Association and Patton State Hospital.**

Selection Basis/Criteria:

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☒ **Manual**

☐ **Other : _____**

DATE SUBMITTED: **October 16, 1998**

BEST PRACTICE CATALOG

Project Title: **ADVANCED CARDIAC LIFE SUPPORT**

Function Category: ☐ **PATIENT-FOCUSED** ☒ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Management of Human Resources** Heading: **Orientation, Training, and Educating Staff**

Key Word(s): **Competency through Education**

Contact Person: **Gari-Lyn Richardson, R.N., N.I.** Telephone Number: **(909) 425-7547**

Hospital: **Patton State Hospital**

Purpose: **To provide education to physicians and registered nurses in the area of Advanced Cardiac Life Support (ACLS) . The focus of education, as required by the American Heart Association, is handling the first 20 minutes of adult cardiac/respiratory arrest. Pre-arrest and post-arrest assessment and treatment is also covered.**

Brief Description: **The American Heart Association's core curriculum, including ten algorithms, is included in the project. Patton State Hospital's chain of survival is taught and reinforced throughout the project. Actual equipment used at Patton State Hospital is used for practice throughout the project. Nine additional pre-ACLS courses have been developed, as electives, to assist the inexperienced healthcare provider to comprehend the core curriculum.**

Selection Basis/Criteria:

The following items are available regarding this Best Practice:

☐ **Photographs** ☒ **Video Tape** ☐ **Drawings** ☒ **Manual**

☐ **Other : _____**

DATE SUBMITTED: **October 16, 1998**

BEST PRACTICE CATALOG

Project Title: **SELF-LEARNING MODULES FOR MANDATED AND ELECTIVE TRAINING**

Function Category: ☐ **PATIENT-FOCUSED** ☒ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Management of Human Resources** Heading: **Orientating, Training, and Educating Staff**

Key Word(s): **Competency through Education**

Contact Person: **Allen Norman, PNED** Telephone Number: **(909) 425-7593**

Hospital: **Patton State Hospital**

Purpose: **To provide alternatives to traditional classroom learning for mandated training updates and elective courses. This assists in meeting individual learning needs for students and scheduling needs for supervisors.**

Brief Description: **Several mandated training update courses are offered in self-learning formats. Each course consists of a training manual and workbook. The courses offered are: Fire, Life and Safety; Patients' Rights; Suicide Precautions; and First Aid. The courses may be completed at the work site or in a learning lab. Staff Development Center instructors staff the learning labs. Staff may come to a learning lab to pick up self-learning modules or complete them in the lab with the assistance of an instructor. Several elective courses are offered in self-learning formats including: Introduction to the Heart; Basic Arrhythmia Interpretation; Cardiac Pharmacology; Cardiac Assessment; A Nurse's Guide to Tube Feedings; Nursing Process Overview; and HIV/AIDS Management for Health Care.**

Selection Basis/Criteria:

The following items are available regarding this Best Practice:

☐ **Photographs** ☒ **Video Tape** ☐ **Drawings** ☐ **Manual**

☐ **Other : _____**

DATE SUBMITTED: October 16, 1998

II. D. 1. 014

BEST PRACTICE CATALOG

Project Title: **PRIVILEGING FOR PSYCHOLOGISTS**

Function Category: ☐ **PATIENT-FOCUSED** ☒ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Management of Human Resources** Heading: **Orienting, Training, and Educating Staff**

Key Word(s): **Privileging**

Contact Person: **Myla Young** Telephone Number: **(707) 449-6594**

Hospital: **Vacaville Psychiatric Program**

Purpose: **It is the goal of theVacaville Psychiatric Program (VPP) to provide quality psychological services to inmates/patients (I/P's) served by this program. In order to assure that quality psychological services are provided, clear requirements for credentialing, standards of practice, privileging, and peer review are established.**

Brief Description: **Credentialing assures that all psychologists on the VPP staff have adequate educational and supervised experience to meet the requirements of the California Personnel Board and California Board of Psychology. Standards of practice assure that all psychologists provide adequate type and quality of service for the position they occupy. Privileging assures that psychologists work only within the confines of their training and experience. Peer review provides assurance that psychologists provide quality of service that is considered by their peers to meet community standards of competence.**

Selection Basis/Criteria: **In 1996, VPP psychology service voluntarily initiated a comprehensive privileging procedure whereby the education, training, and competence of each member of the service is evaluated by three of his/her peers. Initially, education, training, and competence are evaluated. On a follow-up yearly basis, competence, participation, and continuing education of each service member is re-evaluated by three different peers. Documentation of continuing education and committee participation is submitted to the privileging committee. Work samples for each area of privileging are submitted, and oral examinations of those work samples are conducted. Purposes of this procedure are to assure that psychologists are practicing within the scope of their expertise, and to provide constructive direction and guidance to improve the quality of service provided by each member of the psychology service. This ongoing peer review serves both VPP and the I/P's that VPP serves.**

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☒ **Manual**

☐ **Other : _____**

DATE SUBMITTED: **October 14, 1998**

II. D. 1. 015

BEST PRACTICE CATALOG

Project Title: **PRIVILEGING DONE FOR PSYCHIATRIC SOCIAL WORKERS IN THE VACAVILLE PSYCHIATRIC PROGRAM**

Function Category: ☐ **PATIENT-FOCUSED** ☒ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Management of Human Resources** Heading: **Orienting, Training, and Educating Staff**

Key Word(s): **Privileging**

Contact Person: **Jerald Justice, Program Consultant, S.W.** Telephone Number: **(707) 449-6594**

Hospital: **Vacaville Psychiatric Program (VPP)**

Purpose: **In order to assure that quality clinical social work services are provided, a privileging process for psychiatric social workers (PSWs) has been developed and implemented by a standing privileging committee. This process addresses professional competency to deliver evaluative, coordinating and treatment services to a forensic patient population. The process uses a peer review model to evaluate and render decisions on practitioners' applications to provide services within their scope of practice, as delineated in the Operations Manual Standards of Practice, and in conjunction with the Board of Behavioral Sciences licensing policies, State Personnel position classification, and Department of Mental Health and VPP missions.**

Brief Description: **The privileging process provides for granting privileging to practice in predefined areas of clinical social work practices. These are: general social work practice; individual therapy; group therapy; psychosocial assessment; clinical supervision; specialty area. All service members are required to apply for privileges in at least the general social work practice category, and are encouraged to apply for other areas which they qualify, and which are beneficial to patient care and treatment. It is the responsibility of the applicant to provide evidence of competency in the practice areas to the privileging committee. Three levels of privileging are recognized: full, provisional, and limited. Individuals granted full privileges in a practice area may provide services in that area as well as supervise psychiatric social workers who have limited or provisional privileges in the area. Individuals having provisional privileges in an area may apply for full privileges using the experience gained and the recommendation of the individual providing clinical supervision in that area as evidence of acquired proficiency. This process assures that services within the scope of practice of clinical social work are provided or clinically supervised by qualified, competent clinicians. Currently, 90% of the psychiatric social work service has completed the privileging process.**

Selection Basis/Criteria: **The privileging process is part of the VPP's continuing effort to assure the provision of quality mental health services. It is in keeping with JCAHO emphasis on peer review models as discipline specific quality assurance, and it enhances the efficacy and the integrity of treatment service delivery in the VPP.**

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☐ **Other :** _____

DATE SUBMITTED: **October 14, 1998**

II. D. 1. 016

BEST PRACTICE CATALOG

Project Title: **PSYCHOLOGY PRE-DOCTORAL INTERN TRAINING PROGRAM**

Function Category: ☐ **PATIENT-FOCUSED** ☒ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Management of Human Resources** Heading: **Orientating, Training, and Educating Staff**

Key Word(s): **Psychology Intern Program**

Contact Person: **Myla Young** Telephone Number: **(707) 449-6594**

Hospital: **Vacaville Psychiatric Program**

Purpose: **Vacaville Psychiatric Program (VPP) provides a unique opportunity for training of psychology doctoral students. Opportunities to obtain experience completing neuropsychological assessment, personality assessment, group and individual therapy, and research in an environment that provides inpatient psychiatric treatment for individuals who are mentally ill and incarcerated are limited.**

Brief Description: **In 1994, VPP offered one half-time psychology pre-doctoral position for neuropsychological assessment and research. Since that time, the program has developed to three full-time positions. Association of Psychology Postdoctoral and Internship Centers (APPIC) approval was obtained in 1997. Application for American Psychological Association approval (APA) has been submitted. Pre-doctoral interns are provided training in both the acute and intermediate treatment programs. Opportunities for neuropsychological/psychological assessment, group and individual therapy, and research are provided. Seminars in neuropsychology, personality, case conference, journal club, research, and ethical/moral issues are conducted. Individual and group supervision is provided. Two dissertations are currently in progress: Multimethod Understanding of Inmate/Patients who Self Mutilate and MMP12 and Rorschach Understanding of Severe Psychopathy.**

Selection Basis/Criteria: **A predoctoral psychology intern training program provides benefits both to the intern who is learning and the staff who is teaching. The intern is provided opportunity to practice their profession in a unique and challenging setting. The staff is provided opportunity to work with intelligent, enthusiastic, talented students who challenge their knowledge and benefits in a positive way. The program has provided a means for better meeting the needs of the inmate/patient, as well as a way to obtain research data which is used to further develop the treatment program.**

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☒ **Manual**

☐ **Other : _____**

DATE SUBMITTED: **October 14, 1998**

II. D. 1. 017

CALIFORNIA DEPARTMENT OF Mental Health

LTCS BEST PRACTICE CATALOG SUBMISSION

Project Title: Employee Handbooks for Survey Preparation

Function Category:

☐ **PATIENT-FOCUSED** ☒ **ORGANIZATION** ☐ **STRUCTURES**

Sub-category(s): Human Resources **Heading: Orienting,Training, & Educating Staff**

Contact Person: Cindy Newton, RN **Telephone Number: 805-468-3005**

Hospital: **Atascadero State Hospital**

The following items are available regarding this Best Practice:

☒ **Sample JCAHO Survey Preparation Handbook**

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

1. **SELECTION OF PROJECT/PROCESS AREA (Describe how and why your team selected this project/process area for improvement.):**

   Educating 1700 employees and preparing them for the important event of JCAHO survey is a challenge. The staff of the Standards Compliance office borrowed a concept from a local acute care hospital who used a small information handbook to accomplish the task.

2. **UNDERSTANDING EXISTING CONDITION WHICH NEEDS IMPROVEMENT**
   (Describe the relationship of your project to your goals for improvement, and describe current process performance.):

   Information and Important concepts were passed down through multiple layers of administration and supervision and did not always reach the rank and file employees in as comprehensive a manner as was needed for a big survey. Employees felt "out of the loop" and uncertain about what they were "expected" to know.

3. ANALYSIS (Describe how the problem was analyzed.):

Various JCAHO publications had been providing information on the "hot buttons" and routine problem areas during hospital surveys e.g., Restraint & Seclusion, Competency Validation. These areas in addition to the established key function chapters provided Atascadero State Hospital with the educational content for the handbook.

4. IMPLEMENTATION (Describe your implementation of the solution.):

For clarity and continuity of understanding, the handbooks were divided by subject matter into the 12 Key Functions that make up the chapters in the JCAHO manual (CAMH). Clarification on important subjects was written in a brief and easy to assimilate fashion. Also included was short description of the survey process and reminders about survey manners. Handbooks were printed in the ASH graphic Arts Dept. and distributed to each employee via managers and supervisors.

5. RESULTS (Demonstrate that an improvement has occurred as a result of the project/process area implementation.):

Supervisors and managers appreciated the service of education that the handbooks provided and employees reported gratitude for succinct information that they could keep and read at their leisure. We had more standardized and consistent learning throughout the hospital. And for the future, the handbook will provide an ongoing method of teaching and a refresher tool that can be updated easily and reused as needed.

6. LEARNING (Describe what the team learned and how they used those lessons to continuously improve the success of this Best Practice.):

By standardizing the education provided, confusion was reduced, teaching time was reduced, and the teaching process simplified. It was clear after the survey that the tool prepared staff to answer surveyor questions adequately, served to build confidence in staff, and reduce pre-survey anxiety.

CALIFORNIA DEPARTMENT OF Mental Health

LTCS BEST PRACTICE CATALOG SUBMISSION

Project Title: RN / PT Mentor Program

Function Category:

☐ **PATIENT-FOCUSED** ☒ **ORGANIZATION** ☐ **STRUCTURES**

Sub-category(s): Human Resources **Heading: Orienting, Training, & Educating Staff**

Contact Person: Liz Souza, ASH Training Officer **Telephone Number: 805-468-2207**

Hospital: Atascadero State Hospital

The following items are available regarding this Best Practice:

☒ **Policies/Procedures** ☒ **Orientation Forms** ☒ **Outcome Data / Monitoring Forms**

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

1. **SELECTION OF PROJECT/PROCESS AREA (Describe how and why your team selected this project/process area for improvement.):**

   ASH is divided into 28 treatment units. Orientation to the mental health treatment environment is a complex process and can feel overwhelming to the new employee. In addition to fundamental nursing skills, there are many issues of policy and procedure, safety and security, and treatment-relationship boundaries that require review and discussion.

II. D. 1. 019

2. **UNDERSTANDING EXISTING CONDITION WHICH NEEDS IMPROVEMENT**
(Describe the relationship of your project to your goals for improvement, and describe current process performance.):

Nurses and Psychiatric Technicians (the primary Level of Care staff for the patient) are hired to work on one of 28 units. In addition to classroom orientation, they receive a work site orientation that covers the basics of the work environment and patient population. Historically, the level and degree of work site orientation and mentoring have varied greatly depending on the work location and availability of fellow staff.

3. **ANALYSIS** **(Describe how the problem was analyzed.):**

The New Employee Orientation process was evaluated via surveys to new employees to assess their level of knowledge, comfortableness, and preparedness to work on the units. In addition, the survey was given to their supervisors. A recurring theme was that many new employees felt unprepared for their work location assignment. Data was shared with the ASH Quality Counsel and an ad-hoc group was formed to develop a standardized work site orientation / mentor program for nurses and psychiatric technicians.

4. **IMPLEMENTATION** **(Describe your implementation of the solution.):**

A standardized work site orientation checklist and a skills checklist was developed. Qualified staff are trained as mentors. All new nurses and psychiatric technicians complete a skills list self-assessment prior to being assigned a mentor. Using the standardized criteria, the mentor assesses the knowledge and skill of the new employee and ensures that their orientation process is both thorough and individualized to their training needs for their work location.

5. **RESULTS** **(Demonstrate that an improvement has occurred as a result of the project/process area implementation.):**

A copy of the employee's self-assessment and the mentor's documentation is sent to the Training Center to track and ensure that the work site orientation has been completed

6. **LEARNING** **(Describe what the team learned and how they used those lessons to continuously improve the success of this Best Practice.):**

The concept is so helpful that the mentor / orientation process has now expanded to include nursing staff who transfer to a new work location and pre-licensed psychiatric technicians who become licensed in the course of their employment.

CALIFORNIA DEPARTMENT OF Mental Health

LTCS BEST PRACTICE CATALOG SUBMISSION

Project Title: ASH Computer Lab – Staff Computer Training

Function Category:

☐ **PATIENT-FOCUSED** ☒ **ORGANIZATION** ☐ **STRUCTURES**

Sub-category(s): Human Resources **Heading: Orienting, Training, and Educating Staff**

Contact Person: Chuck Quincy, IT Dept. **Telephone Number: 805-468-2041**

Hospital: Atascadero State Hospital

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

1. **SELECTION OF PROJECT/PROCESS AREA** **(Describe how and why your team selected this project/process area for improvement.):**

   Business at ASH is becoming increasingly automated. There are a minimum of 400 computer users on staff, all with varying levels of expertise. Many users are first time computer users with no software training.

2. **UNDERSTANDING EXISTING CONDITION WHICH NEEDS IMPROVEMENT**
   (Describe the relationship of your project to your goals for improvement, and describe current process performance.):

   When new computer equipment or software was purchased by the hospital for staff, it was delivered and the staff were expected to "pick up" the hardware/software operations as they used it. This resulted in additional burdon on the user and disruption of their normal flow of work. They were only able to learn by experimentation in their "spare time," or on their own time "off the clock." This resulted in mixed results dependent on the workload, available time and initiative of the user. Users could ask questions on the IT help-line but that was a very cumbersome way to learn and placed a heavy burden on the staff assigned to the computer help-line.

3. ANALYSIS (Describe how the problem was analyzed.):

Several sources of data pointed to the need for on-grounds computer training.

- Numerous calls to the ASH Info Tech Department's help-line requesting basic information on how to use software
- Numerous out-source training requests from staff on their annual goals and objectives
- A Hospitalwide computer training survey identified the training needs
- A review of the hardware and LAN hookups gave a picture of the number of computers and computer users in the hospital

4. IMPLEMENTATION (Describe your implementation of the solution.):

The ASH Computer Lab was established in one of the vacant Hospital Residence structures. The lab has 10 work-stations plus a teacher's station which is hooked up to TV monitor to facilitate demonstration. The computers are hooked up to the Hospital LAN (local area network) and have access to the same software as the rest of the ASH LAN users.

For instructors, the Hospital makes use of existing staff from varied departments who have expertise in a particular software application and have the desire to teach. Time commitment varies for instructors depending on their participation but can be as minimal as one 2-hour session per month.

Currently the Computer Lab is offering Introduction to Personal Computers, beginning and intermediate levels of Windows, Electronic Mail, Word Processing, Spreadsheet use, and Data Base Management classes. Advanced classes are being planned for the future.

Teaching manuals have been purchased from a proprietary vendor. The materials are on computer CD and were purchased with an agreement for unlimited customization and reproduction.

The Information Technology Department works together with the Training Department to accomplish this Computer Lab Process. The IT Department maintains the computer equipment and software and schedules the training, while the Training Department processes the employee training records.

The classes are advertised through the Hospital Department Training Coordinators. Managers and supervisors recommend staff for training based on the computer skills needed in their individual jobs and duty assignments.

5. **RESULTS** **(Demonstrate that an improvement has occurred as a result of the project/process area implementation.):**

Gradually, ASH computer users are being trained on the software products they need to perform their jobs. On-grounds training avoids costly classes in the community and avoids per diem travel costs. With the elevation of the knowledge of hospital staff, they have been able to us their computers more efficiently. Since the Lab's inception, the number of calls to the ASH Info. Tech. Department's Help line have decreased.

6. **LEARNING** **(Describe what the team learned and how they used those lessons to continuously improve the success of this Best Practice.):**

"Video training" on software products without the use of an instructor has been tried in the lab but found to be frustrating for the students when questions arise. The use of consumable manuals and the presence of an instructor has proven to be an effective method for learning.

LTCS BEST PRACTICE CATALOG SUBMISSION

Project Title: Medical Technical Assistant Proctor Program

Function Category:

PATIENT-FOCUSED **ORGANIZATION** **STRUCTURES**

Sub-category(s): D1 **Heading:** Orientation

Contact Person: Program Director

Telephone Number: (707) 449-6594 **Hospital:** Vacaville Psychiatric Program

The following items are available regarding this Best Practice:

Photographs **Video Tape** **Drawings** **Manual**

1. Selection of project/process area (Describe how and why your team selected this project/process area for improvement.):

Consistent and thorough orientation of new employees is critical in ensuring that patients receive quality care in an environment that provides for patient and staff safety. The roles and responsibilities of Medical Technical Assistants (MTAs) in the Vacaville Psychiatric Program differ significantly from the roles and responsibilities of MTAs in the Department of Corrections. Consequently, a thorough orientation program is needed for new MTAs, as well as for those who transfer from other institutions. During informal discussions between Medical Technical Assistants (MTAs) and Program Management, the need for a more consistent orientation program for new MTAs was identified. Program Management established an information gathering process to more clearly define the issue and generate solutions.

2. Understanding existing condition WHICH NEEDS IMPROVEMENT (Describe the relationship of your project to your goals for improvement, and describe current process performance.):

The project was consistent with the Vacaville Psychiatric Program's goal to involve all staff within the organization in the quality improvement process, and to utilize the PDCA Cycle (Plan, Do, Check, Act) in addressing opportunities to improve. This project utilized interdisciplinary performance evaluation teams to gather information, analyze the data, develop recommendations, implement the recommended plan, and evaluate the program on an ongoing basis.

This project was consistent with the VPP's goal in the Key Function area Management of Human Resources, "To ensure professional, competent, and ever improving staff resources."

3. Analysis (Describe how the problem was analyzed.):

Two work groups were established. The first included MTAs who had been with the Acute Program for approximately six months, a Senior MTA, the Training Officer, a Supervising Registered Nurse (SRN), the Program Assistant (PA) and the Nursing Coordinator (NC). This group identified aspects of the existing orientation program that were effective, and areas that they felt could be improved. The second work group Officer, SRN, PA and NC. This group also identified aspects of the orientation program that were effective and areas needing improvement. Findings from the two groups were combined and utilized by a third work group included "veteran" MTAs who had worked in the Acute Program for several years, a Senior MTA, Training to establish an orientation handbook for MTAs. In addition, a proctor system was established, which paired new MTAs with "veteran" MTAs who were responsible for ensuring that all aspects of the orientation handbook were addressed.

4. Implementation (Describe your implementation of the solution.):

The MTA Proctoring Program was implemented in 1996. A review of the effectiveness of the program as part of the 1997-1998 Strategic Plan indicated a need for additional proctors and a more uniform orientation process. Additional MTA proctors were selected in April 1998. The proctors and Program Management revised the proctor checklist to further improve consistency of training across units. An evaluation form was implemented in April 1999 as a means of obtaining input from new MTAs at the completion of their orientation period regarding the effectiveness of the Proctor Program. There are currently sixteen MTA proctors, with representation from all three shifts. The proctors meet with the Nursing Coordinator and/or the Training Officer on a regular basis to review the Proctor Checklist, identify additional training needs, and further refine the proctoring program.

5. Results (Demonstrate that an improvement has occurred as a result of the project/process area implementation.):

This project has resulted in:

- Improved consistency in the MTA orientation process, as demonstrated by staff feedback at the completion of the training period.
- Increased morale/recognition for those staff who serve as proctors and are thereby able to utilize their experiences and skills to assist new staff.
- Increased confidence for new MTAs as a result of having specific mentors to assist them through the orientation process.

6. Learning (Describe what the team learned and how they used those lessons to continuously improve the success of the Best Practice.):

This project is a good example of the continuous improvement process. The team has continuously incorporated new ideas into the orientation process, revising the checklist as needed, adding new proctors, and seeking input from new staff regarding what could be improved or changed. This program addresses both the technical and the "human" aspects of orientation through the combination of a consistent, written tool (Orientation Checklist) and trained staff serving as proctors.

BEST PRACTICE CATALOG

Project Title: **NEW EMPLOYEE COMPETENCY ASSESSMENT AND EVALUATION SYSTEM**

Function Category: ☐ **PATIENT-FOCUSED** ☒ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Management of Human Resources** Heading: **Assessing Competence**

Key Word(s): **Human Resources Management**

Contact Person: **Liz Souza, Training Officer II** Telephone Number: **(805) 468-2207**
Contact Person: **Debbie Marks-Molfino, Nurse Instructor** Telephone Number: **(805) 468-2207**

Hospital: **Atascadero State Hospital**

Purpose: **A system for assessing and evaluating new nurses' and psychiatric technicians' competency in specific skill areas. However, this process may be applied to new employees in any work classification.**

Brief Description: **The process is initiated by the hospital's training department during new employee orientation and transitions to a trained mentor once the new employee begins at their work location. A mentor training program was developed to assist with the implementation of this system. The Competency Assessment and Evaluation tool consists of the following information on a one-page, four-column table:**

- **Identified Skill Areas: Problem-prone, high-risk or high volume activities specific to the employee's work classification.**
- **New Employee Self-Assessment: Assesses new employee's current level of expertise in identified skill areas.**
- **Action Plan: What the employee will do during their orientation/probationary period to become "competent" in identified skill area.**
- **Supervisor/Mentor Verification: Documents when employee has successfully met criteria as identified in action plan.**

Selection Basis/Criteria: **Positive outcomes as a result of this new system include the following: # New employees are: # aware of the skill areas they are expected to perform; given an opportunity to objectively rate themselves; and provided with the knowledge, training and support necessary to obtain proficiency within their probationary period.**

- **Supervisors are provided with an efficient method for identifying their employee's training needs in specific skill areas, developing a structured plan to meet the employee's needs, and documenting employee outcome.**

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☒ **Manual**
☐ **Other : _____**

DATE SUBMITTED: September 21, 1998

II. D. 2. 001

BEST PRACTICE CATALOG

Project Title: **MONITORING THE QUALITY OF EMPLOYEE EVALUATIONS**

Function Category: ☐ **PATIENT-FOCUSED** ☒ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Management of Human Resources** Heading: **Assessing Competence**

Key Word(s): **Employee Evaluations**

Contact Person: **Linda Persons, Personnel Officer** Telephone Number: **(805) 468-2000**

Hospital: **Atascadero State Hospital**

Purpose: **To ensure that employee evaluations contain all required components to produce an accurate and comprehensive evaluation.**

Brief Description: **The personnel office uses a check sheet to both train supervisors and review the content of annual employee evaluations. If components are missing from evaluations the evaluation is returned to the supervisor with the check sheet to indicate which components are missing.**

Selection Basis/Criteria: **The number of evaluations done incorrectly has continually decreased over the last year indicating that this intervention is successful.**

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☒ **Other : Evaluation Check Sheet**

DATE SUBMITTED: September 17, 1998

BEST PRACTICE CATALOG

Project Title: **HIRING PROCESS**

Function Category: ☐ **PATIENT-FOCUSED** ☒ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Management of Human Resources** Heading: **Managing Resources**

Key Word(s): **Human Resources - Employment**

Contact Person: **Joyce Ladwig** Telephone Number: **(805) 468-2627**

Hospital: **Atascadero State Hospital**

Purpose: **Streamline the complex hiring process**

Brief Description: **The team developed a comprehensive, step-by-step guide for use by the supervisor during the hiring process. The manual provides examples of completed paperwork therefore reducing the error rate and hiring time.**

Selection Basis/Criteria: **Reduction of time required for hiring from application of employment to hire date.**

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☒ **Manual**

☐ **Other : _____**

DATE SUBMITTED: September 14, 1998

BEST PRACTICE CATALOG

Project Title: **HUMAN RESOURCES MANAGEMENT INFORMATION SYSTEM**

Function Category: ☐ **PATIENT-FOCUSED** ☒ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Management of Human Resources** Heading: **Managing Resources**

Key Word(s): **Human Resources Management**

Contact Person: **Liz Souza, Training Officer II** Telephone Number: **(805) 468-2207**
Contact Person: **Don Burns, Programmer**

Hospital: **Atascadero State Hospital**

Purpose: **An information management system for employee-specific data designed to run on a local area network (LAN). DMH-approved project in response to "Y2K" concerns.**

Brief Description: **Approximately 40 forms and reports have been developed to date in this application which was created in Microsoft's Access '97. Through this system, managers and other appropriate personnel are able to track, monitor and report employee compliance with mandatory training, annual physicals, performance evaluations, and so on.**

Selection Basis/Criteria: **Positive outcomes as a result of this new system include the following:**

- Human Resources information management system that is "Y2K" compliant.
- Increased efficiency in entering employee data (this will be further enhanced if bar code scanning is implemented).
- Increased efficiency in running needs assessments and compliance reports.
- Improved accuracy of reports.
- Improved report format.
- Increased flexibility in generating specialized reports.

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☒ **Manual**

☐ **Other :** _____

DATE SUBMITTED: **September 21, 1998**

II. D. 3. 002

BEST PRACTICE CATALOG

Project Title: **FORM H**

Function Category: ☐ **PATIENT-FOCUSED** ☒ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Management of Human Resources** Heading: **Managing Resources**

Key Word(s): **Request for Personnel Action**

Contact Person: **Mal Helmuth, Personnel Officer** Telephone Number: **(707) 253-5445**

Hospital: **Napa State Hospital**

Purpose: **To assist Napa State Hospital's managers and supervisors to select and appoint employees and monitor personnel management practices.**

Brief Description: **Four part multi-purpose NCR form that managers and supervisors submit to Personnel to begin the process to recruit and fill vacant positions, to reclassify positions, or to promote employees.**

Selection Basis/Criteria: **This method is used because it enables the facility to select the best-qualified candidate for the position, while eliminating errors which reduces the hiring process time.**

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☒ **Manual**

☒ **Other : Form**

DATE SUBMITTED: October 19, 1998

BEST PRACTICE CATALOG

Project Title: **COMPETENCY VALIDATION IN THE EMPLOYEE EVALUATION PROCESS**

Function Category: ☐ **PATIENT-FOCUSED** ☒ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Management of Human Resources** Heading: **Managing Resources**

Key Word(s): **Competency, Performance, Evaluation**

Contact Person: **Elaine Moulton, Human Resources Manager** Telephone Number: **(707) 253-5445**

Hospital: **Napa State Hospital**

Purpose: **To develop a validation tool outside of the duty statement that helps demonstrate objective measurement, assessment, and improvement of staff competency. To develop a performance evaluation documentation packet that is consistent across state hospitals. To provide a mechanism to link the competency evaluation tool and duty statement.**

Brief Description: **The Department of Mental Health identified the need to effectively document the competency of staff that was consistent throughout the Department. They knew staff was competent, but needed to determine how best to demonstrate that to external regulatory agencies. DMH established a department-wide task force to address the issue and develop recommendations. The task force has developed a Competency Validation Checklist which will accompany all performance evaluations to all DMH hospitals. Phase I included reformatting 60 duty statements and training supervisors/managers prior to implementation. The task force is in the process of Phase II which includes reformatting the remaining duty statements.**

Selection Basis/Criteria: **The new tools and training given to implement them have been well received by managers and supervisors who indicate that they will significantly improve the quality of our performance evaluation process as they compel the supervisor to specifically address important areas of competency, as well as duties, on each evaluation. In addition, as the Competency Validation Project was developing, the team consulted with JCAHO surveyors and representatives. It is anticipated that these new tools (the checklist and the reformatted duty statement) will improve our ability to demonstrate to JCAHO surveyors our effectiveness, and commitment, to assessing staff competency. Finally, this project standardizes the competency validation and evaluation tools throughout the state hospitals, facilitating recognition and acceptance by labor organizations.**

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☐ **Other : _____**

DATE SUBMITTED: **October 19, 1998**

II. D. 3. 004

BEST PRACTICE CATALOG

Project Title: **CUSTOMER SERVICES IMPROVEMENT**

Function Category: ☐ **PATIENT-FOCUSED** ☒ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Management of Human Resources** Heading: **Managing Resources**

Key Word(s): **Customer Service**

Contact Person: **Arlevia Johnson** Telephone Number: **(909) 425-7534**

Hospital: **Patton State Hospital**

Purpose: **Provides employees and community customers with information and forms based on requests and schedules.**

Brief Description: **Patton's Human Resources Office front counter receives constant walk-ups and telephone calls from in-house and community customers seeking information and service regarding the following: Health and Dental benefits, savings plus, savings bonds, changes in addresses, name changes, withholding allowances, salary advances, IDP's applications and bulletins, testing for exams, hiring interviews, check-ins, PT range B&C, subpoenas, time reporting (634's), and correction forms, etc.**

Selection Basis/Criteria:

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☐ **Other : _____**

DATE SUBMITTED: **October 19, 1998**

BEST PRACTICE CATALOG

Project Title: **WORKERS' COMPENSATION CASE MANAGEMENT**

Function Category: ☐ **PATIENT-FOCUSED** ☒ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Management of Human Resources** Heading: **Managing Resources**

Key Word(s): **Injury**

Contact Person: **Nancy Varela, H&S Officer** Telephone Number: **(909) 425-7542**

Hospital: **Patton State Hospital**

Purpose: **Effective management of the hospital's compensation cases.**

Brief Description: **Through the use of Workers' Injury Tracking System (WITS) database, the hospital closely monitors and effectively manages all workers' compensation cases. Some of the components of our successful return-to-work programs are active case management, return-to-work meetings and review of the medical care received by our employees at the occupational healthcare clinics utilized by the hospital.**

Selection Basis/Criteria:

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☐ **Other : _____**

DATE SUBMITTED: **October 19, 1998**

BEST PRACTICE CATALOG

Project Title: **NEXT STEP (STATE EMPLOYEES PLACEMENT) PROGRAM**

Function Category: ☐ **PATIENT-FOCUSED** ☒ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Management of Human Resources** Heading: **Managing Resources**

Key Word(s): **Injury**

Contact Person: **Nancy Varela, H&S Officer** Telephone Number: **(909) 425-7542**

Hospital: **Patton State Hospital**

Purpose: **To successfully implement the Next Step (State Employees Placement) Program as it pertains to our affected employees.**

Brief Description: **Patton currently maintains an approximate 40% success rate for placements under this program. Strong case management, utilization of the Next Step/ SROA placement list, transferable skills, assessments, and a strong commitment by the hospital to return its injured workers to work in alternate positions, are among the key elements for the success of this program.**

Selection Basis/Criteria:

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☒ **Manual**

☐ **Other : _____**

DATE SUBMITTED: **October 19, 1998**

BEST PRACTICE CATALOG

Project Title: **EMPLOYEE TRANSPORTATION**

Function Category: ☐ **PATIENT-FOCUSED** ☒ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Management of Human Resources** Heading: **Managing Resources**

Key Word(s): **Rideshare/Carpool**

Contact Person: **Brenda Ray** Telephone Number: **(909) 425-7483**

Hospital: **Patton State Hospital**

Purpose: **To promote ridesharing, reduce emissions, and improve air quality.**

Brief Description: **The purpose of the program is to inform staff of the benefits of carpooling; increase the number of vans for vanpooling; provide staff with rideguides/matchlists so they know who is available for carpooling in their residential area.**

Selection Basis/Criteria:

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☐ **Other : _____**

DATE SUBMITTED: **October19, 1998**

CALIFORNIA DEPARTMENT OF Mental Health

LTCS BEST PRACTICE CATALOG SUBMISSION

Project Title: Health and Safety Redesign
Function Category:

☐ **PATIENT-FOCUSED** ☒ **ORGANIZATION** ☐ **STRUCTURES**

Sub-category(s): Management of Human Resources **Heading:** Managing Resources

Contact Person: Dean Percy **Telephone Number:** (707) 253-5445

Hospital: Napa State Hospital

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

1. **SELECTION OF PROJECT/PROCESS AREA (Describe how and why your team selected this project/process area for improvement.):**

Napa State Hospital, like many other large employers, has struggled with workers' compensation. Struggling with increasing costs, lost workdays, and with the majority of our employees losing unnecessary time from work waiting for an appointment to be seen by their personal "pre-designated" physician to render medical care in the event of an industrial related injury or illness.

2. **UNDERSTANDING EXISTING CONDITION WHICH NEEDS IMPROVEMENT (Describe the relationship of your project to your goals for improvement, and describe current process performance.):**

Numerous employees lost needless time from work waiting for an appointment to be seen by their personal "pre-designated" physician. Many of these physicians did not specialize in Occupational medicine and were not experienced in the reporting obligations required in workers' compensation. This adversely affected employee's moral, continuity of the treatment teams, and the services provided to the clients we serve.

In Fiscal Year 1998/99, Napa State Hospital's workers' compensation expenditures exceeded 5.3 million dollars and employees submitted 430 injury claims. Employees lost 5,296 days of work due to injuries, costing the State of California over 1 million dollars in Industrial Disability Leave (IDL).

3. ANALYSIS (Describe how the problem was analyzed.):

Based on workers' compensation aggregated data, employee interviews, and a Nursing Coordinators Management Action Team, the following was determined:

- A number of employees choose not to be seen at the facility by a physician. They viewed them as the "company doctor" with primarily having an allegiance to the employer.
- "In House" documentation by our physicians often confused issues and made the claim costly and very difficult to manage within the workers' compensation laws.
- Responding to confusing letters and communication, and navigating through the enormously complicated workers'' compensation system occupied the bulk of the employee's available attention and energy. The injured workers' identity as a productive member of a working tem began to erode once disability checks replace paychecks. Eventually, being "on disability" became a person's primary identity.
- Our current system was not serving anyone very well, not the employee, the Department, or the California taxpayers.

4. IMPLEMENTATION (Describe your implementation of the solution.):

Early Medical Intervention

An important key to managing disability was to establish an effective program that controlled the consequence of disability by providing early intervention that focused on Return-to-Work from the onset.

Rather than having our injured employees seen at the facility by a physician, we decided to set up early medical intervention with community specialists. In April 1999, strategic planning and partnerships through a *Memorandum of Understanding* with carefully selected off-site medical providers provided the foundation by outlining the expectation, responsibilities, and defining the standards of care.

The preferred medical provider must be interested in the best possible outcome for the employee with a work-related injury. They need both an understanding of and sensitivity to a few key issues:

- Provide high-quality medical intervention.
- Must understand the workers' compensation process.
- Must be knowledgeable in Occupation/Industrial Medicine.
- Focus on functional restoration.
- A "team approach" is needed for the management of industrial disability, and includes the employer, employee, the supervisor, and State Compensation Insurance Fund.
- Timely and effective communication between all parties is essential.
- Must be committed to the principals of continuous quality improvement (CQI) and support the culture of customer service and satisfaction.
- Provide immediate appointments.
- Provide immediate faxes and/or verbal communication about injured employee's work status after every visit.
- If indicated, quick referrals to specialists.
- Aggressive testing and active physical therapy.

Customer (Employee) Satisfaction

Customer (employee) satisfaction with off-site preferred medical providers is a critical indicator of the workers' compensation program performance. Therefore, we developed a Customer (employee) Satisfaction Questionnaire and ask every employee to complete a questionnaire at the end of treatment. The Health & Safety Officer utilizes the

feedback from customer satisfaction surveys as a means of controlling the quality of medical care injured employees are receiving. Any concern with the providers' is acted upon promptly by the Health & safety Officer.

Communication

Realizing the workers' compensation system can be very confusing and complex after a work-related injury, we developed a "Step by Step" brochure for the injured employees at Napa State Hospital. The brochure outlines what to expect after filing a workers' compensation claim, including the expectations and responsibilities of the injured employee.

Multiple Injury-Risk Assessment

In analyzing our injures, it became apparent that some employees were experiencing higher injury rates than other employees. We developed a procedure and form that examined each step of the job, identifying existing or potential hazards and any apparent training needs to assist us in the best way to perform the job in order to reduce or eliminate the hazard(s) or risk(s). Any employee who was involved in two (2) or more injuries within a twelve (12) month period met with the Program Director/Department Manager, Nursing Coordinator, immediate supervisor, and the Health & Safety Officer. This meeting helps identify training needs, environmental conditions, or revision of key elements. The key elements we evaluate are:

- Job Location
- Key Steps (preferably in the order that they are performed)
- Tools, Machines, and Materials Used
- Actual or Potential Hazards, associated with the key steps
- Safe and Healthful Practices, Personal Protective Equipment, etc.
- Any Apparent Training Needs

- Environmental Conditions

This review is not a disciplinary action and may not be so used by the employee's supervisor.

Injury and Illness Prevention Program

Napa State Hospital realized that the current Injury and Illness Prevention Program (IIPP) was outdated and needed to be revised. We completely overhauled the IIPP and the existing safety policies. It was apparent that we needed to change the culture throughout the facility and make safety and injury prevention a high priority.

Our goal was to promote a "culture of safety" at Napa State Hospital, where the expected is that each and every employee throughout the organization would work safely, using proper tools, and know their own limits. A large portion of the safety program includes an emphasis on Ergonomics, which is aimed at work site evaluations, training, and immediate interventions to prevent injuries from occurring.

Training

Extensive Occupational Health & Safety training begins at New Employee Orientation. The Health and Safety Office developed and implemented a "New Employee Handbook" for all employees at time of hire. The training also includes videos, pre/post test, and discussion.

We also developed training materials for all managers and supervisors so they would be fully informed of the new policies and procedures. We also trained them to serve as active disability managers, including their responsibilities in case management techniques. Furthermore, we discuss how to be sensitive to the physical and emotional impact injuries have on employees' performance and productivity.

5. <u>RESULTS</u> (Demonstrate that an improvement has occurred as a result of the project/process area implementation.):

Napa State Hospital is able to report many positive changes in its Workers' Compensation Program for the first six (6) months of Fiscal Year 1999/00, covering the period of July 1, 199 through December 31, 1999. Staff in the Health & Safety Office have worked towards containing costs by implementing the above noted systems and process changes, which have demonstrated a reduction in workers' compensation expenditures and injury statistics. The health & safety Office reports the following key accomplishments for the first six (6) months after implementing our pilot project.

- A $354,873 (13%) reduction in the Total Workers' Compensation expenditures.
  - A $175,678 (33%) reduction in Industrial Disability Leave (IDL) expenditures.
  - A $103,279 (6%) decrease in compensation costs.
  - A $ 23,020 (8%) reduction in State Compensation Insurance Fund (SCIF) Service Fees

- Total Injuries decreased 20%.

- The rate of Disabling Injuries recognized a 42% reduction.

- Lost Work Days down from 2,648 days to 763 days for a reduction of 71%.
  - The average time an employee remained off work due to a Disabling Injury declined from 19 days to 9 days or 53%.
- Total Limited Duty Days decreased 2%.
- The amount of time an employee remained on limited duty decreased from 16 days to 14 days or 13%.
- The employee (customer) satisfaction surveys indicate that the employees are very satisfied with the quality of care they are receiving from the industrial clinics utilized by Napa State Hospital. According to the survey results, 70% of the employees

surveyed responded that their overall satisfaction with the off-site industrial clinical was excellent, while the remaining 30% of employees reported their satisfaction as good.

- Even though 75% of Napa State Hospital employees have “pre-designated” their own personal physicians, very few have seen their physician for a work-related injury. They prefer to visit one of our own off-site medical providers.

6. <u>LEARNING</u> (Describe what the team learned and how they used those lessons to continuously improve the success of this Best Practice.):

No employer or employee is immune from the personal and economic impact that an injury has on the individuals involved. An effective disability program protects not only the organization’s expenditures, but also the work performance and productivity of the injured employee. An investment in a disability management program will offer a sound return for employers committed to helping both themselves and their employees.

By taking a risk and outsourcing our employee Occupational Medical Services, we created a win-win situation. The Department, employees, taxpayers, and the clients we serve have all benefited from this creative and innovative program.

CALIFORNIA DEPARTMENT OF Mental Health

LTCS BEST PRACTICE CATALOG SUBMISSION

Project Title: Employee Health Benefits - Summary

Function Category:

☐ **PATIENT-FOCUSED** ☒ **ORGANIZATION** ☐ **STRUCTURES**

Sub-category(s): Human Resources **Heading: Managing Resources**

Contact Person: Linda Persons, Personnel Officer **Telephone Number: 805-468-2156**

Hospital: Atascadero State Hospital

The following items are available regarding this Best Practice:

☒ **Sample Summary Document**

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

1. **SELECTION OF PROJECT/PROCESS AREA (Describe how and why your team selected this project/process area for improvement.):**

   There are numerous employee benefits in Dental, Health, & Vision that change with new laws, new fees, labor contracts, and health care providers. The information about the many changes is scattered and difficult to communicate. An ASH Personnel employee saw the need for a consolidated summary and created an improvement.

2. **UNDERSTANDING EXISTING CONDITION WHICH NEEDS IMPROVEMENT**
   (Describe the relationship of your project to your goals for improvement, and describe current process performance.):

   The health benefits information took up 3 full and separate binders in the personnel office. A personnel staff member would have to incorporate all the changes coming from DPA, PERS, and the State Controllers Officer into the binders and try to communicate new changes to employees requesting information. The binders were frequently riddled with yellow post-it notes

3. **ANALYSIS** **(Describe how the problem was analyzed.):**

There were numerous staff complaints about the cumbersome process of updating and identifying changes in benefits, there was a delay in processing benefit change forms, and much confusion on the part of the employees as to the latest benefit packages.

4. **IMPLEMENTATION** **(Describe your implementation of the solution.):**

An ASH employee in the Personnel Dept. Joann Hoier, identified the need to consolidate and simply the process and developed a summary document entitled "Health, Dental, & Vision Benefits." Joann put all the benefit elements into one computer document and makes changes in the document immediately upon receipt of the information. This avoids 3 binders full of information and a mass of post-it notes. The document is approximately 20 pages long and can be easily updated as needed.

5. **RESULTS** **(Demonstrate that an improvement has occurred as a result of the project/process area implementation.):**

There has been a significant reduction in confusion over benefits, a reduction in Personnel Dept. time spent on keeping the information updated. The document includes information on:

- Eligibility
- Eligible Family Members
- Affidavit (HBD 35 rev 12/99)
- COBRA Rates
- Co-Ben Rates
- Dental Rates
- HIPPA Summary
- Health Rates
- Continuation
- HIPPA Reason Codes

Unlike the 3 big binders, the 20 page document can be reproduced easily and given out to employees.

6. **LEARNING** **(Describe what the team learned and how they used those lessons to continuously improve the success of this Best Practice.):**

It is clear that in this case, consolidated information is better than scattered information and the document is a useful tool in recruiting as it spells out the various health benefits offered by all the providers in one simple location.

BEST PRACTICE CATALOG

Project Title: **GATHERING MEANINGFUL AUDIT TOPICS**

Function Category: ☐ **PATIENT-FOCUSED** ☒ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Management of Information** Heading: **Data Collection**

Key Word(s): **Staff Performance Measures**

Contact Person: **Alice Wilson, Health Info. Mgmt. Dept.** Telephone Number: **(805) 468-2260**

Hospital: **Atascadero State Hospital**

Purpose: **Health Information staff perform hospitalwide studies at the request of various hospital disciplines, Process Management Teams and concurrent/discharge auditing.**

Brief Description: **The HIMD Director reviews minutes received from hospital committees and determines if the services of the department are indicated and could supply information and/or collect appropriate data. HIMD personnel serve on two PMTs, one of which is the Information Management PMT which coordinates with the key organizational functions to facilitate the efficiency, integration, timeliness, accessibility and usefulness of data and information used in the hospital. Appropriate staff meet with requestors, assist in developing the audit criteria, conduct studies, and prepare statistical reports of findings.**

Selection Basis/Criteria: **Licensing/Joint Commission POC's; New practices**

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☐ **Other : _____**

DATE SUBMITTED: September 9, 1998

II. E. 2. 001

BEST PRACTICE CATALOG

Project Title: **COMPUTERIZED REPORT RECORD**

Function Category: ☐ **PATIENT-FOCUSED** ☒ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Management of Information** Heading: **Data Collection**

Key Word(s): **Computer - Report**

Contact Person: **Walt Thurner, Chief of Police** Telephone Number: **(562) 651-5689**

Hospital: **Metropolitan State Hospital**

Purpose: **The record of our reports taken was a ledger book. Officers who had to write a report went to the book, made an entry and drew a file number. The system kept track of file numbers, but it was of no value as a database. The book was useless as an investigative tool.**

Brief Description: **Using Microsoft Excel, we make a computer entry for each report written. The information has been standardized and it is more complete. It is also readable. The computerized report is becoming an investigative tool. Excel is a database program. As such, we can make inquiries of the information. We can rapidly identify if the suspect has been involved in any other incidents. We can identify locations that might benefit from increased patrol to reduce incidents. We can tap the database for end-of-the-year reports of losses and types of incidents investigated. We are still building our database. We have not yet reached the full benefit or potential of the system.**

Selection Basis/Criteria:

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☐ **Other : _____**

DATE SUBMITTED: **October 13, 1998**

II. E. 2. 002

CALIFORNIA DEPARTMENT OF Mental Health

LTCS BEST PRACTICE CATALOG SUBMISSION

Project Title: Database for SOCP

Function Category:

☐ **PATIENT-FOCUSED** ☐ **ORGANIZATION** ☐ **STRUCTURES**

Sub-category(s): Management of Information **Heading:** Data Collection

Contact Person: Dave Bromley or Moira Leyva **Telephone Number:** 653-1843

Hospital: **Headquarters:** Sex Offender Commitment Program

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

1. **SELECTION OF PROJECT/PROCESS AREA (Describe how and why your team selected this project/process area for improvement.):**

The mandates of Welfare and Institutions Code 6600 et seq. placed new requirements upon the Department for evaluating, and referring for civil commitment, certain prison inmates. The number of positions allocated for the project included only one clerical support staff with the remainder either analyst or professional staff. The use of available technology was identified as a potential solution to the support deficiencies.

2. **UNDERSTANDING EXISTING CONDITION WHICH NEEDS IMPROVEMENT (Describe the relationship of your project to your goals for improvement, and describe current process performance.):**

Implementation of WIC 6600 placed new requirements upon the Department for evaluating prison inmates referred as potential sexually violent predators. These requirements included the completion of the evaluation process within certain timeframes and subsequent referral to the appropriate county for followup. In anticipation of the volume of sex offender referrals from the California Department of Corrections, the need for an automated tracking system was identified.

In addition to the identified tracking needs, there also existed, and continues to exist, the need for regular reporting of program information to various administration and legislative officials. This has required close working relationships and sharing of data with both the California Department of Corrections (CDC) and the Board of Prison Terms (BPT).

Inability to adequately track and monitor progress of individual inmates through the evaluation and commitment process could result in threats to public safety if an individual was inappropriately released due to administrative error.

3. ANALYSIS (Describe how the problem was analyzed.):

Management and analyst staff identified the need to design and implement a sensitive, highly visible, program with limited resources. The number of program elements needing day to day monitoring was fairly overwhelming. It was also recognized that, due to the newness of the program, additional elements would be identified at a later time. This made it essential that any system developed be flexible enough to modify on an "as needed" basis.

The addition of support staff was explored as an option but was not considered viable. The use of existing data systems within the Department was also evaluated as a potential solution. While attractive, the problems of rapid implementation and response did not seem surmountable at the time. The implementing legislation did not include any information technology support so the ability of the Department's existing data system to respond to our needs was extremely limited.

The remaining option was the use of current PC-based database technology at the program level (Microsoft ACCESS). This option was the most viable as it could be implemented quickly, modified as needed and was user friendly. In addition, the only cost was the license fee for the software.

4. IMPLEMENTATION (Describe your implementation of the solution.):

The SVP database was developed in 1996 and has been updated frequently as additional needs have developed. Staff with skills in database development were identified within the division responsible for implementation of WIC 6600. Redirection of staff for this purpose occurred for the short term implementation of this option. Continued support required permanent re-classification and administrative transfer of staff.

The first stage of development of the database included identification of those elements that needed tracking immediately. The initial phase of program implementation included the acceptance of referrals from CDC, screening by DMH staff, subsequent referral to contract evaluators, and ultimately, referral to the counties for follow-up. The minimum data elements identified included unique identifiers for evaluators, DMH staff, referred persons, and dates associated with each step of the referral process.

Within 30 - 45 days of program start-up, January 1, 1996, the first tracking reports were available. These reports showed all cases pending at each stage of the process and were available on a daily basis. All SOCP staff members had the ability to run and print reports from their individual workstation. Data could be updated in a similar fashion.

With the passage of time, the needs for tracking of individual cases has grown. In the beginning there was only a need to track referrals through the evaluation process. However, as implementation of the SVP commitment process has moved to the counties and then to ASH,

there has been a need to track the cases as they move through the court system and into the hospital. These components were added to the database with a minimum of effort.

Attached are samples of the types of tracking reports currently available in the SVP database. A summary of process data is available as well.

BEST PRACTICE CATALOG

Project Title: **COMPREHENSIVE POST EXPOSURE PROPHYLAXIS PROGRAM**

Function Category: ☐ **PATIENT-FOCUSED** ☒ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Surveillance, Prevention, & Control of Infection** Heading: **N/A**

Key Word(s): **Post Exposure Prophylaxis**

Contact Person: **Gina Dusi, Public Health Nurse** Telephone Number: **(805) 468-2000**

Hospital: **Atascadero State Hospital**

Purpose: **To ensure that thorough and rapid intervention/clean-up occurs after a blood or body fluid exposure occurs.**

Brief Description: **Exposed parties are attended to immediately and patient and employee packets provide information sheets. The process includes a system to determine the severity of exposure, a checklist for the attending physician, and related policies give direction to provide intervention in a timely manner.**

Selection Basis/Criteria: **This process maximizes effective response and treatment and minimizes hospital liability.**

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☒ **Other : Sample Patient Information Packets, Procedures, MD Checklist.**

DATE SUBMITTED: September 17, 1998

BEST PRACTICE CATALOG

Project Title: **TRACKING OF CHRONIC INFECTIONS - DATABASE**

Function Category: ☐ **PATIENT-FOCUSED** ☒ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Surveillance, Prevention, and Control of Infection** Heading: **N/A**

Key Word(s): **Infection Control**

Contact Person: **Gina Dusi, Public Health Nurse** Telephone Number: **(805) 468-2000**

Hospital: **Atascadero State Hospital**

Purpose: **Formulate a database to monitor the testing and treatment of patients with chronic infections (HIV, Hep B, Hep C, TB).**

Brief Description: **The database allows for the monitoring of testing and treatment so those patients with prescribed treatment are assured of receiving it. And, when patients are transferred, treatment status can be easily accessed. Trends can be identified as well as anti-retroviral resistance. With this database we are able to provide comprehensive reports to outside agencies.**

Selection Basis/Criteria: **The database will be used as a foundation and template for the other state hospitals.**

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☒ **Other : Sample reports from the database.**

DATE SUBMITTED: September 17, 1998

II. F. 002

BEST PRACTICE CATALOG

Project Title: **HIV COUNSELING, TESTING AND TREATMENT**

Function Category: ☐ **PATIENT-FOCUSED** ☒ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Surveillance,Prevention & Control of Infection** Heading: **N/A**

Key Word(s): **HIV, Patient Education**

Contact Person: **Ron Hattis, M.D.** Telephone Number: **(909) 425-7876**

Hospital: **Patton State Hospital**

Purpose: **To educate patients about HIV, determine if they are infected, assist them in modifying their behavior to avoid acquisition or transmission of the virus, and provide state-of-the-art treatment if they are infected.**

Brief Description: **Since 1987, Patton has had a comprehensive program of patient education by HIV counselors, antibody testing, condom availability, and medical and biopsychosocial treatment. The latter has been reviewed in recent years by an interdisciplinary consultation team. The most effective medications are available. The program is coordinated and the HIV counselors are trained by the Public Health Office, which is in charge of infection control. Training and policy development have been assisted by preventive medicine resident physicians from Loma Linda University, who do 3-month rotations with Patton's public health office.**

Selection Basis/Criteria:

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☐ **Other : _____**

DATE SUBMITTED: **October 20, 1998**

BEST PRACTICE CATALOG

Project Title: **INFECTION CONTROL DATABASE**

Function Category: ☐ **PATIENT-FOCUSED** ☒ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Surveillance, Prevention & Control of Infection** Heading: **N/A**

Key Word(s): **Infection Control, Data Processing**

Contact Person: **Leola Bruch, P.H.N. II** Telephone Number: **(909) 425-7418**

Hospital: **Patton State Hospital**

Purpose: **To maintain comprehensive, reliable, easily accessible information regarding surveillance data for infection control. This information includes patient and employee infections.**

Brief Description: **Since 1992, the Public Health Office at Patton maintained its data in a computerized record keeping database. This has enabled the hospital to retrieve information immediately, at any time, when required for monitoring an outbreak, preparing periodic reports or responding to requests from receiving institutions about infection history on our patients. During the mycoplasma outbreak of 1995, representatives from the California Department of Health Services and federal Centers for Disease Control visited our facility as consultants and commended our database system. We continue to update the database, and it has become the model for the development of a statewide DMH hospital infection control data system.**

Selection Basis/Criteria:

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☐ **Other : _____**

DATE SUBMITTED: **October 20, 1998**

BEST PRACTICE CATALOG

Project Title: **JUVENILE DIVERSION PROGRAM**

Function Category: ☐ **PATIENT-FOCUSED** ☒ **ORGANIZATION** ☐ **STRUCTURES**

Subcategory: **Forensic Services** Heading: **N/A**

Key Word(s): **Juvenile; Child and Adolescent Program**

Contact Person: **Paul Muhlbach, HPO** Telephone Number: **(562) 863-7011 ext 4491**
Cynthia Woodruff, Program Director **(562) 409-7188**

Hospital: **Metropolitan State Hospital**

Purpose: **To establish a court sanctioned Juvenile Diversion Program for chronic and repeat criminal offenders residing within the Child and Adolescent Program at Metropolitan State Hospital, coordinated through the Metropolitan State Hospital, Hospital Police Department, Program Clinical Staff, Los Angeles County District Attorney, the Juvenile Superior Court and County Probation Departments.**

Brief Description: **The Diversion Program was established as an administrative procedure to coordinate efforts by the clinical staff and the hospital police to investigate and prosecute reported crimes, offer an alternative to arrest and placement in a juvenile detention facility for reported crimes, and offer clinical options in the treatment of minors. In conjunction with the unit clinical team, hospital police and program director, minors are identified whose degree of aggression has resulted in criminal reports for minor batteries, but have not required law enforcement intervention. These identified minors are placed on an informal diversion program in which they are given a written citation to appear in juvenile court within 60 days from the date of the citation. During this 60 day period, a contract is established with the minor outlining the specific behavior that is needed in order to avoid formal filing of the citation at juvenile court. The criteria is established in collaboration with the treatment team, HPD, parents, and county case workers. During the next 60 days, if the minor meets the criteria established by the team, no charges will be filed with the District Attorney's office. Formal diversion may be instituted by the Los Angeles County District Attorney's office for minors who have committed felony crimes but remain at Metropolitan State Hospital for treatment of a mental disorder. The minor must complete all of the requirements of the court diversion program in order to avoid placement in a juvenile detention facility.**

Selection Basis/Criteria:

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

☐ **Other : _____**

DATE SUBMITTED: **October 13, 1998**

CALIFORNIA DEPARTMENT OF Mental Health

LTCS BEST PRACTICE CATALOG SUBMISSION

Project Title: Procedural Manual For Forensic & LPS Clients
Function Category:

☐ **PATIENT-FOCUSED** ☐ **ORGANIZATION** ☐ **STRUCTURES**

Sub-category(s): Forensic Services **Heading:**

Contact Person: Christina Barasch **Telephone Number:** (707) 253-5975

Hospital: Napa State Hospital

The following items are available regarding this Best Practice:

☐ **Photographs** ☐ **Video Tape** ☐ **Drawings** ☐ **Manual**

1. **SELECTION OF PROJECT/PROCESS AREA (Describe how and why your team selected this project/process area for improvement.):**

An ad hoc group of forensic office professionals gathered because the Forensic Office was aware that there was not a standard format for court letters (i.e. these letters did not consistently contain all necessary and appropriate information required by the court). Initially the group attempted to standardize the format for letters to the court having concluded that in order to meet the goal, professional staff needed a format to follow that was acceptable for distribution. During this process, the committee determined that there were numerous procedures, information and practices that were specific to the forensic population as well for the LPS population and no central resource for reference. Thus, the group developed a resource that contained letters and procedures needed to assure compliance and consistency in practice.

2. **UNDERSTANDING EXISTING CONDITION WHICH NEEDS IMPROVEMENT (Describe the relationship of your project to your goals for improvement, and describe current process performance.):**

In the pre- existing condition the information reaching the courts was not always correct or appropriate as defined by the penal code. For this reason, information was not being communicated regarding important

legal issues and therefore, the court, CONREP and other legal representatives were sometimes unable to respond in the best interest of client. Many of the staff working with the forensic population in particular had transitioned from working with the LPS population and had very little understanding of how to work with this population. Further complicating this process are the many different procedures in terms of communicating with the courts, understanding legal issues and knowing the process of how to advance penal code clients through the system. In order to support the Hospital's goal of providing excellent care for our clients and maintaining appropriate correspondence with the courts, it was evident that an informational manual was necessary. It was the belief of the committee that a manual would assist all staff in becoming knowledgeable and proficient regarding forensic and LPS practices and improve relations with external customers and thereby services to clients.

3. ANALYSIS (Describe how the problem was analyzed.):

In the first few weeks of meeting, the group began to formulate and decide on all of the elements that needed to be addressed in the manual. For example, in addition to having examples and a format for all letters to the court (including compassionate leave and notification of AWOL status), there needed to be instructions for tracking these letters, forms to do so, information on how to apply for COT, gaining grounds access, where and how to send specific types of letters to the courts, definitions of different penal code commitments, instructions on how to complete different forms and examples of each (i.e. how to process writs, coordinate community clozapine treatment, the security risk assessment, etc.). It was also clear that new information would need to be added as new penal code commitments were admitted to the Hospital and information updated on a regular basis as issues and systems changed.

4. IMPLEMENTATION (Describe your implementation of the solution.):

Developing a manual was the best way to disseminate the information and have it accessible to as many staff as possible. For this reason, it was distributed to every program and unit so that all staff would have access to the information. In some programs, the secretaries made copies for unit clerks, doctors and social workers because of their consistent involvement in authoring/typing letters and interacting with the legal system.

5. RESULTS (Demonstrate that an improvement has occurred as a result of the project/process area implementation.):

This is the first manual of its kind within the state hospital system and as a result, there has been substantial improvement in the timeliness, content and format of letters, the procedures that are necessary to track correspondences to the courts and staff's understanding of procedural requirements. The manual assists staff in completing requirements accurately and meeting important deadlines. Staff

now knows what is important to communicate to the court and various legal representatives. Essentially, staff have access to a wealth of information that was never centrally located, compiled or written down and are able to access information without having to consultant with various individuals throughout the hospital. Informal survey results from office professionals indicate that numerous hours of staff time have been saved by simply having an easily accessible manual for reference.

6. LEARNING (Describe what the team learned and how they used those lessons to continuously improve the success of this Best Practice.):

Through this process, the committee identified the need to make this an ongoing project in order to keep the manual updated and disseminated to all of the various units and staff. When there is so much information and procedures that have to be incorporated in one's scope of practice, it is important and necessary that it be found in one central location so that the Hospital can meet a consistent standard of practice. This process requires a committed group of individuals willing to meet on a regular basis to keep instructions, information, letters, etc. current and consistent. This also requires a group of individuals who are willing to do the work and willing to do this in addition to their regular duties. Although this has not been a problem, in the future there is no guarantee that there will continue to be a group as committed as this initial group. Disseminating information has been facilitated by the use of an instruction sheet, which specifies disregarding certain materials and adding to other. Currently, there is not a systematic approach for staff to provide feedback for the manual changes except through the Forensic Coordinator. Therefore, one of the biggest challenges and lessons has been and will be in implementing and keeping the manual current/relevant in order to meet client needs.

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